Procedure Code	Procedure Code Description	Rate
90281	IMMUNE GLOBULIN (IG), HUMAN, FOR INTRAMUSCULAR USE	\$0.00
90283	IMMUNE GLOBULIN (IGIV), HUMAN, FOR INTRAVENOUS USE	\$0.00
90284	IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN SUBCUTANEOUS INFUSIONS, 100 MG, EACH	\$0.00
90375	RABIES IMMUNE GLOBULIN (RIG),HUMAN, FOR INTRAMUSCULAR AND/OR SUBCUTANEOUS USE	\$124.11
30073	INTERMICOGGEART AND/OIT GODGG TANEGGG GGE	Ψ124.11
90376	RABIES IMMUNE GLOBULIN, HEAT-TREATED (RIG-HT), HUMAN, FOR INTRAMUSCULAR AND OR SUBCUTANEOUS USE	\$124.17
90378	RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN (RSV- IGIM),FOR INTRAMUSCULAR USE	\$0.00
	IMMUNIZATION ADMINISTRATION UNDER 8 YEARS OF AGE WHEN THE PHYSICIAN COUNSELS THE PATIENT/FAMILY;	
90465	FIRST INJECT	\$8.16
90466	IMMUNIZATION ADMINISTRATION UNDER 8 YEARS OF AGE WHEN THE PHYSICIAN COUNSELS THE PATIENT/FAMILY EACH ADD	\$3.68
00100	IMMUNIZATION ADMINISTRATION UNDER AGE 8 YEARS	ψο.σσ
	(INCLUDES INTRANASAL OR ORAL ROUTES OF	
90467	ADMINISTRATION) WHEN THE	\$8.16
	IMMUNIZATION ADMINISTRATION UNDER AGE 8 YEARS	
	(INCLUDES INTRANASAL OR ORAL ROUTES OF	4
90468	ADMINISTRATION) WHEN THE	\$3.68
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,	\$8.16
	IMMUNIZATION ADMINISTRATION (INCLUDES	•
90472	PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,	\$3.68
	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL	
	ROUTE; ONE VACCINE (SINGLE OR COMBINATION	
90473	VACCINE/TOXOID)	\$8.16
	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL	
00.474	ROUTE ; EACH ADDITIONAL VACCINE (SINGLE OR	40.00
90474	COMBINATION	\$3.68
00000	HEPATITIS A VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	# 40.04
90632	HEPATITIS A AND HEPATITIS B VACCINE (HEP A-HEP B),	\$46.81
90636	ADULT DOSAGE, FOR INTRAMUSCULAR USE	\$94.73
30000	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18	ψ34.73
	(QUADRIVALENT), 3 DOSE SCHEDULE, FOR INTRAMUSCULAR	
90649	US	\$135.66
	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 16, 18,	
90650	BIVALENT, 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE	\$0.00
90665	LYME DISEASE VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	\$122.50
90675	RABIES VACCINE, FOR INTRAMUSCULAR USE	\$160.69
90075	ROTAVIRUS VACCINE, HUMAN, ATTENUATED, 2 DOSE	φ100.09
90681	SCHEDULE, LIVE, FOR ORAL USE	\$0.00
	TYPHOID VACCINE, VI CAPSULAR POLYSACCHARIDE (VICP'S),	·
90691	FOR INTRAMUSCULAR USE	\$51.92

Procedure Code	Procedure Code Description	Rate
	DIPHTHERIA, TETANUS TOXIDS, ACELLULAR PERTUSSIS	
	VACCINE AND POLIOVIRUS VACCINE, INACTIVATED, WHEN	
90696	ADMINISTERED	\$0.00
90703	IMMUNIZATION, ACTIVE; TETANUS TOXOID	\$22.54
	TETANUS DIPHTHERIA TOXOIDS, AND ACELLULAR	
	PERTUSSIS VACCINE, FOR USE IN INDIVIDUALS SEVEN YEARS	
90715	OR OLDER, FOR	\$34.40
	DIPHTHERIA, TETANUS TOXIDS, ACELLULAR PERTUSSIS	
	VACCINE ,HEPATITIS B, AND POLIOVIRUS VACCINE,	
90723	INACTIVATED, FOR	\$0.00
	IMMUNIZATION, ACTIVE; PNEUMOCOCCAL VACCINE,	
90732	POLYVALENT	\$37.61
	IMMUNIZATION, ACTIVE; MENINGOCOCCAL POLYSACCHARIDE	
90733	VACCINE (ANY GROUP(S))	\$98.52
	ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS	·
90736	INJECTION	\$152.00
	HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED	
	PATIENT DOSAGE (3 DOSE SCHEDULE), FOR	
90740	INTRAMUSCULAR USE	\$119.42
	HEPATITIS B VACCINE; ADULT DOSAGE, FOR	*************************************
90746	INTRAMUSCULAR USE	\$59.71
901.10	IMMUNIZATION, ACTIVE, HEPATITIS B VACCINE; DIALYSIS OR	ψοσ
90747	IMMUNOSUPPRESSED PATIENT, ANY AGE	\$119.42
	CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC	Ψ.10.12
	PNEUMOGRAM), 12 TO 24 HOUR CONTINUOUS RECORDING,	
90778	INFANT	\$300.00
00110	PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION	φοσο.σσ
	INCLUDING HISTORY, MENTAL STATUS, OR DISPOSITION	
90801	(MAY INCLUDE COM	\$36.00
00001	INTERACTIVE PSYCHIATRIC DIAGNOSTIC INTERVIEW	φου.σσ
	EXAMINATION USING PLAY EQUIPMENT, PHISICAL DEVICES,	
90802	LAN	\$71.00
30002	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED,	ψ7 1.00
	BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE	
90804	OR	\$31.17
3000 H	PSYCHOTHERAPY, OFFICE/OUTPATIENT WITH MEDICAL	φοτιτή
90805	EVALUATION AND MANAGEMENT SERVICES	\$38.60
30000	PSYCHOTHERAPY, OFFICE/OUTPATIENT FACILITY,	ψυυ.υυ
	APPROXIMATELY 45 OR 50 MINUTES FACE-TO-FACE WITH	
90806	THE PATIAENT	\$48.50
30000	PSYCHOTHERAPY, OFFICE/OUTPATIENT WITH MEDICAL	ψ+υ.υυ
90807	EVALUATION AND MANAGEMENT SERVICES	\$54.08
30001	PSYCHOTHERAPY, OFFICE/OUTPATIENT FACILITY,	φυ+.υο
	APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH	
90808	THE PATIENT	\$81.73
30000	PSYCHOTHERAPY, OFFICE/OUTPATIENT FACILITY,	φοι./ δ
	APPROXIMATELY 75 TO 80 MINUTES WITH MEDICAL	
00000		400.70
90809	EVALUATION INDIVIDUAL POYCHOTHERARY INTERACTIVE HOING BLAY	\$89.78
	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY	
00010	EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER,	ACC CC
90810	OR	\$38.60

Procedure Code	Procedure Code Description	Rate
	INTERACTIVE PSYCHOTHERAPY, OFFICE/OUTPATIENT	
	FACILITY, APPROXIMATELY 20 TO 30 MINUTES WITH	
90811	EVALUATION AND MANA	\$46.65
	INTERACTIVE PSYCHOTHERAPY, OFFICE/OUTPATIENT WITH	
	E/M APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH	
90812	THE PAT	\$52.43
	INTERACTIVE PSYCHOTHERAPY, OFFICE/OUTPATIENT	
	FACILITY, WITH E/M APPROXIMATELY 45 TO 50 MINUTES	
90813	FACE-TO-FACE	\$58.41
	INTERACTIVE PSYCHOTHERAPY, OFFICE/OUTPATIENT	
	FACILITY, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-	
90814	FACE WITH THE	\$75.34
	INTERACTIVE PSYCHOTHERAPY, OFFICE/OUTPATIENT WITH	·
90815	EVALUATION AND MANAGEMENT SERVICES	\$84.00
	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED,	*
	BEHAVIOR MODIFYING AND/OR SUPPORTIVE,IN AN	
90816	INPATIENT HOSPITAL,	\$33.85
	PSYCHOTHERAPY, HOSPITAL/RESIDENTIAL WITH MEDICAL	φσο.σσ
90817	EVALUATION AND MANAGEMENT SERVICES	\$42.31
	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED BEHAVIOR	Ψ.=.σ.
	MODIFYING AND/OR SUPPORTIVE, IN AN INPATIENT	
90818	HOSPITAL, PAR	\$52.84
00010	PSYCHOTHERAPY, HOSPITAL/RESIDENTIAL WITH E/M,	Ψ02.01
	APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH	
90819	THE PATIENT	\$59.03
00010	PSYCHOTHERAPY, HOSPITAL/RESIDENTIAL CARE SETTING	φοσ.σσ
	APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH	
90821	THE	\$88.55
300Z1	PSYCHOTHERAPY, HOSPITAL/RESIDENTIAL WITH E/M	φοσ.σσ
	SERVICES APPROXIMATELY 75 TO 80 MINUTES FACE-TO-	
90822	FACE WITH THE PAT	\$97.63
30022	INTERACTIVE PCYCHOTHERAPY, HOSPITAL/RESIDENTIAL	Ψ37.00
	CARE SETTING, APPROXIMATELY 20 TO 30 MINUTES FACE-	
90823	TO-FACE	\$41.49
30023	INTERACTIVE PSYCHOTHERAPY, HOSPITAL/RESIDENTIAL	Ψ+1.43
	WITH E/M, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-	
90824	FACE WITH	\$50.57
30024	INTERACTIVE PSYCHOTHERAPY, HOSPITAL/RESIDENTIAL	φυυ.υ/
	CARE SETTING, APPROXIMATELY 45 TO 50 MINUTES FACE-	
90826	TO-FACE	\$56.97
30020	INTERACTIVE PSYCHOTHERAPY, HOSPITAL/RESIDENTIAL	φυυ.87
	WITH E/M, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-	
00007	FACE WITH E/M, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-	ቀ ርር 70
90827		\$63.78
	INTERACTIVE PCYCHOTHERAPY, HOSPITAL/RESIDENTIAL	
00000	CARE SETTING, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-	<u></u> ቀርር <u></u> ርር
90828	FACE WITH	\$82.56
	INTERACTIVE PCYCHOTHERAPY, HOSPITAL/RESIDENTIAL	
00000	WITH E/M, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-	
90829	FACE WITH THE	\$92.47
	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY)	
90847	(WITH PATIENT PRESENT)	\$25.20

Procedure Code	Procedure Code Description	Rate
90849	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	\$20.09
	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-	
90853	FAMILY GROUP)	\$14.40
90857	INTERACTIVE GROUP PSYCHOTHERAPY	\$12.38
	PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION,	
	USE, AND REVIEW OF MEDICATION WITH NO MORE THAN	
90862	MINIMAL MEDI	\$15.60
	NARCOSYNTHESIS FOR PSYCHIATRIC DIAGNOSTIC AND	
	THERAPEUTIC PURPOSES (EG, SODIUM AMOBARBITAL	
90865	(AMYTAL)	\$70.38
	ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY	
90870	MONITORING); SINGLE SEIZURE	\$51.39
	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY	
	INCORPORATING BIOFEEDBACK TRAINING BY ANY	
90875	MODALITY (FACE TO FACE WITH	\$31.17
	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY	
	INCORPORATING BIOFEEDBACK TRAINING BY ANY MODALITY;	
90876	APPROX. 45-50 MIN	\$48.50
90899	UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE	\$0.00
90901	BIOFEEDBACK TRAINING BY ANY MODALITY	\$14.86
	HEMODIALYSIS PROCEDURE WITH SINGLE PHYSICIAN	
90935	EVALUATION	\$57.17
	HEMODIALYSIS PROCEDURE REQUIRING REPEATED	·
	EVALUATION(S) WITH OR WITHOUT SUBSTANTIAL REVISION	
90937	OF DIALYSIS PRESC	\$57.17
	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG,	
	PERITONEAL, HEMOFILTRATION), WITH SINGLE PHYSICIAN	
90945	EVALUATION	\$38.60
	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG,	
	PERITONEAL, HEMOFILTRATION) REQUIRING REPEATED	
90947	EVALUATIONS, WI	\$37.20
	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY,	
	FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO	
90951	INCLUDE	\$543.66
	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY,	
	FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO	
90952	INCLUDE	\$407.85
	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY,	·
	FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO	
90953	INCLUDE	\$136.02
	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY,	
	FOR PATIENTS 2- 11 YEARS OF AGE TO INCLUDE	
90954	MONITORING FOR	\$454.70
	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY,	
	FOR PATIENTS 2- 11 YEARS OF AGE TO INCLUDE	
90955	MONITORING FOR	\$251.19
	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY,	+
	FOR PATIENTS 2- 11 YEARS OF AGE TO INCLUDE	
90956	MONITORING FOR	\$166.77
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Procedure Code	Procedure Code Description	Rate
	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY,	
	FOR PATIENTS 12- 19 YEARS OF AGE TO INCLUDE	
90957	MONITORING FOR	\$363.47
	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY,	
	FOR PATIENTS 12- 19 YEARS OF AGE TO INCLUDE	
90958	MONITORING FOR	\$241.28
	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY,	
	FOR PATIENTS 12- 19 YEARS OF AGE TO INCLUDE	
90959	MONITORING FOR	\$154.39
	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY,	
00000	FOR PATIENTS 20 YEARS OF AGE AND OLDER; WITH 4 OR	4.50.40
90960	MORE	\$158.10
	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY,	
00001	FOR PATIENTS 20 YEARS OF AGE AND OLDER; WITH 2-3 FACE	# 400 F0
90961	TO-FAC	\$126.52
	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY,	
00060	FOR PATIENTS 20 YEARS OF AGE AND OLDER; WITH 1 FACE-	Ф00 7 0
90962	TO-FACE END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME	\$89.78
	DIALYSIS PER FULL MONTH, FOR PATIENTS YOUNGER THAN	
90963	2 YEARS	ΦΩΩΩΩΩ
90963	END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME	\$290.20
	DIALYSIS PER FULL MONTH, FOR PATIENTS 2-11 YEARS OF	
90964	AGE	\$253.05
30304	END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME	φ255.05
	DIALYSIS PER FULL MONTH, FOR PATIENTS 12-19 YEARS OF	
90965	AGE TO	\$241.08
30303	END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME	ΨΣ+1.00
	DIALYSIS PER FULL MONTH, FOR PATIENTS 20 YEARS OF AGE	
90966	AND OL	\$124.67
00000	END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME	Ψ121107
	DIALYSIS LESS THAN A FULL MONTH OF SERVICE, PER DAY,	
90967	FOR PAT	\$10.73
	END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME	¥ 1011 0
	DIALYSIS LESS THAN A FULL MONTH OF SERVICE, PER DAY,	
90968	FOR PAT	\$8.67
	END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME	
	DIALYSIS LESS THAN A FULL MONTH OF SERVICE, PER DAY,	
90969	FOR PAT	\$8.46
	END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME	
	DIALYSIS LESS THAN A FULL MONTH OF SERVICE, PER DAY,	
90970	FOR PAT	\$4.33
	HEMOPERFUSION (EG, WITH ACTIVATED CHARCOAL OR	
90997	RESIN)	\$117.00
	UNLISTED DIALYSIS PROCEDURE, INPATIENT OR	
90999	OUTPATIENT	\$0.00
	ESOPHAGEAL INTUBATION AND COLLECTION OF WASHINGS	
	FOR CYTOLOGY, INCLUDING PREPARATION OF SPECIMENS	
91000	(SEPARATE PR	\$35.91

Procedure Code	Procedure Code Description	Rate
	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE	
	ESOPHAGUS AND/OR GASTROESOPHAGEAL JUNCTION)	
91010	STUDY;	\$86.07
	ESOPHAGEAL MOTILITY STUDY; WITH MECHOLYL OR SIMILAR	
91011	STIMULANT	\$100.93
	ESOPHAGEAL MOTILITY STUDY; WITH ACID PERFUSION	
91012	STUDIES	\$110.22
91020	GASTRIC MOTILITY (MANOMETRIC) STUDIES	\$95.77
91022	DUODENAL MOTILITY (MANOMETRIC) STUDY	\$123.43
	ESOPHAGUS, ACID PERFUSION (BERNSTEIN) TEST FOR	
91030	ESOPHAGITIS	\$76.80
	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH	
	NASAL CATHETER PH ELECTRODE(S) PLACEMENT,	
91034	RECORDING, ANALYSIS	\$130.65
	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH	
	MUCOSAL ATTACHED TELEMETRY PH ELECTRODE	
91035	PLACEMENT, RECORDING,	\$258.21
	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL	
	REFLUX TEST WITH NASAL CATHETER INTRALUMINAL	
91037	IMPEDANCE	\$82.97
	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL	
	REFLUX TEST WITH NASAL CATHETER INTRALUMINAL	
91038	IMPEDANCE	\$71.00
91040	ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY	\$252.22
	GASTRIC ANALYSIS TEST WITH INJECTION OF STIMULANT OF	
04050	GASTRIC SECRETION (EG, HISTAMINE, INSULIN,	# 40.00
91052	PENTAGASTRIN,	\$18.00
04055	GASTRIC INTUBATION, WASHINGS, AND PREPARING SLIDES	# 0.00
91055	FOR CYTOLOGY (SEPARATE PROCEDURE)	\$9.60
04005	BREATH HYDROGEN TEST (EG, FOR DETECTION OF LACTASE	#45.00
91065	DEFICIENCY)	\$15.60
01105	GASTRIC INTUBATION, AND ASPIRATION OR LAVAGE FOR	Φ00.00
91105	TREATMENT (EG, FOR INGESTED POISONS)	\$20.02
	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL,	
91110	ESOPHAGUS THROUGH ILEUM, WITH PHYSICIAN INTERPRETATION	ΦE10.07
91110		\$518.27
	GASTEROINTESTINAL TRACT IMAGING, INTRALUMINAL, ESOPHAGUS WITH PHYSICIAN INTERPRETATION AND	
91111	REPORT	¢406.61
31111	RECTAL SENSATION, TONE, AND COMPLIANCE TEST (IE,	\$406.61
91120	RESPONSE TO GRADED BALLOON DISTENTION)	\$248.92
91120	ANORECTAL MANOMETRY	\$33.60
31122	ANOTILOTAL IVIANOTVIETAT	φ33.00
91132	ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS	\$0.00
31102	ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS;	ψυ.υυ
91133	WITH PROVOCATIVE TESTING	\$0.00
31100	WITH HOTOCATIVE TEOTING	ψυ.υυ
91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	\$0.00
0.200	C. L. C. L. S. M. G. M.	ψυ.υυ

Procedure Code	Procedure Code Description	Rate
	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION	
	AND EVALUATION WITH INITIATION OF DIAGNOSTIC AND	
92002	TREATMENT PROG	\$28.07
	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION	
	AND EVALUATION WITH INITIATION OF DIAGNOSTIC AND	
92004	TREATMENT PROG	\$28.07
	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION	
	AND EVALUATION, WITH INITIATION OR CONTINUATION OF	
92012	DIAGNOSTIC A	\$28.07
	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION	
	AND EVALUATION, WITH INITIATION OR CONTINUATION OF	
92014	DIAGNOSTIC A	\$28.07
92015	DETERMINATION OF REFRACTIVE STATE	\$0.00
	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION,	
	UNDER GENERAL ANESTHESIA, WITH OR WITHOUT	
92018	MANIPULATION OF GLOBE F	\$28.07
	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION,	
	UNDER GENERAL ANESTHESIA, WITH OR WITHOUT	
92019	MANIPULATION OF GLOBE F	\$42.40
92020	GONIOSCOPY (SEPARATE PROCEDURE)	\$13.20
	COMPUTERIZED CORNEAL TOPOGRAPHY,UNILATERAL OR	
92025	BILATERAL, WITH INTERPRETATION AND REPORT	\$16.72
	SENSORIMOTOR EXAMINATION WITH MULTIPLE	
	MEASUREMENTS OF OCULAR DEVIATION WITH	
92060	INTERPREATATION AND REPORT	\$18.99
	ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING	
92065	MEDICAL DIRECTION AND EVALUATION	\$13.20
	FITTING OF CONTACT LENS FOR TREATMENT OF DISEASE,	
92070	INCLUDING SUPPLY OF LENS	\$120.00
	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL,	
92081	WITHINTERPRETATION AND REPORT; LIMITED EXAMINATION	\$12.00
	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL,	
	WITH MEDICAL DIAGNOSTIC EVALUATION; INTERMEDIATE	
92082	EXAMINATIO	\$18.00
	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL,	
	WITH MEDICAL DIAGNOSTIC EVALUATION; EXTENDED	
92083	EXAMINATION (E	\$22.80
	SERIAL TONOMETRY (SEPARATE PROCEDURE) WITH	
	MULTIPLE MEASUREMENTS OF INTRAOCULAR PRESSURE	
92100	OVER AN EXTENDED TIME	\$12.00
	TONOGRAPHY WITH INTERPRETATION AND REPORT,	
	RECORDING INDENTATION TONOMETER METHOD OR	_
92120	PERILIMBAL SUCTION METHOD	\$12.00
92130	TONOGRAPHY WITH WATER PROVOCATION	\$12.00
	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC	
92135	IMAGING, WITH INTERPRETATION AND REPORT	\$39.84
	OPTHALMIC BIOMETRY BY PARTIAL COHERENCE	
	INTERFEROMETRY WITH INTRAOCULAR LENS POWER	
92136	CALCULATION	\$43.96

Procedure Code	Procedure Code Description	Rate
	PROVOCATIVE TESTS FOR GLAUCOMA, WITH	
92140	INTERPRETAION AND REPORT; INITIAL	\$12.00
9220	INFUSION OF LIQUID BRACHYTHERAPY RADIOISOTOPE	\$0.00
	OPHTHALMOSCOPY, EXTENDED AS FOR RETINAL	
	DETACHMENT (MAY INCLUDE USE OF CONTACT LENS,	
92225	DRAWING OR SKETCH, AND/OR	\$12.00
	OPHTHALMOSCOPY, EXTENDED AS FOR RETINAL	
	DETACHMENT (MAY INCLUDE USE OF CONTACT LENS,	
92226	DRAWING OR SKETCH, AND/OR	\$12.00
	FLUORESCEIN ANGIOSCOPY WITH INTERPRETATION AND	
92230	REPORT	\$22.80
	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME	
92235	IMAGING) WITH INTERPRETATION AND REPORT	\$52.22
	INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES	
92240	MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT	\$57.17
	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND	
92250	REPORT	\$18.16
	OPHTHALMOSCOPY, WITH MEDICAL DIAGNOSTIC	
92260	EVALUATION; WITH OPHTHALMODYNAMOMETRY	\$22.70
	NEEDLE OCULOELECTROMYOGRAPHY, ONE OR MORE	
	EXTRAOCULAR MUSCLES,ONE OR BOTH EYES, WITH	
92265	INTERPRETATION AND REPOR	\$23.53
	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND	
92270	REPORT	\$32.80
	ELECTRORETINOGRAPHY, WITH INTERPRETATION AND	
92275	REPORT	\$38.40
	COLOR VISION EXAMINATION, EXTENDED, EG,	
92283	ANOMALOSCOPE OR EQUIVALENT	\$11.56
	DARK ADAPTATION EXAMINATION, WITH INTERPRETATION	
92284	AND REPORT	\$17.13
	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION	
	AND REPORT FOR DOCUMENTATION OF MEDICAL	
92285	PROGRESS (EG, CLOSE	\$10.32
	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH	
	INTERPRETA- TION AND REPORT; WITH SPECULAR	
92286	ENDOTHELIAL MICROSCOPY	\$41.07
	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH	
	MEDICAL DIAGNOSTIC EVALUATION; WITH FLUORESCEIN	
92287	ANGIOGRAPHY	\$50.77
923	STEREOTACTIC RADIOSURGERY	\$0.00
	STEREOTACTIC RADIOSURGERYUM, NOT OTHERWISE	
9230	SPECIFIED	\$0.00
	PRESCRIPTION OF OPTICAL AND PHYSICAL	,
	CHARACTERISTICS OF AND FITTING OF CONTACT LENS,	
92310	WITH MEDICAL SUPERVISION	\$56.56
3.0	PRESCRIPTION OF OPTICAL AND PHYSICAL	Ψ00.00
	CHARACTERISTICS OF AND FITTING OF CONTACT LENS,	
92311	WITH MEDICAL SUPERVISION	\$46.40
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Procedure Code	Procedure Code Description	Rate
	PRESCRIPTION OF OPTICAL AND PHYSICAL	
	CHARACTERISTICS OF AND FITTING OF CONTACT LENS,	
92312	WITH MEDICAL SUPERVISION	\$56.56
	PRESCRIPTION OF OPTICAL AND PHYSICAL	
	CHARACTERISTICS OF AND FITTING OF CONTACT LENS,	
92313	WITH MEDICAL SUPERVISION	\$42.28
	PRESCRIPTION OF OPTICAL AND PHYSICAL	
	CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL	
92314	SUPERVISION OF ADAPTATION A	\$38.69
	PRESCRIPTION OF OPTICAL AND PHYSICAL	
	CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL	
92315	SUPERVISION OF ADAPTATION A	\$26.43
	PRESCRIPTION OF OPTICAL AND PHYSICAL	
	CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL	
92316	SUPERVISION OF ADAPTATION A	\$38.69
	PRESCRIPTION OF OPTICAL AND PHYSICAL	
	CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL	
92317	SUPERVISION OF ADAPTATION A	\$19.88
92326	REPLACEMENT OF CONTACT LENS	\$14.03
	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA;	
92340	MONOFOCAL	\$18.00
92341	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL	\$20.00
	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA;	*
92342	MULTIFOCAL, OTHER THAN BIFOCAL	\$20.00
	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA;	*
92352	MONOFOCAL	\$23.00
	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA;	
92353	MULTIFOCAL	\$23.00
92370	REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA	\$10.00
	REPAIR AND REFITTING SPECTACLES; SPECTACLE	·
92371	PROSTHESIS FOR APHAKIA	\$10.00
9241	INTRA-OPERATIVE ELECTRON RADIATION THERAPY	\$0.00
92499	UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE	\$0.00
	OTOLARYNGOLOGIC EXAMINATION UNDER GENERAL	
92502	ANESTHESIA	\$26.40
	BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC	
92504	PROCEDURE)	\$9.60
	EVALUATION OF SPEECH, LANGUAGE, VOICE,	
	COMMUNICATION, AUDITORY PROCESSING, AND/OR AURAL	
92506	REHABILITATION STATUS	\$21.60
	TREATMENT OF SPEECH, LANGUAGE, VOICE,	•
	COMMUNICATION, AND/OR AUDITORY PROCESSING	
92507	DISORDER; INDIVIDUAL	\$18.00
	TREATMENT OF SPEECH, LANGUAGE, VOICE,	•
	COMMUNICATION, AND/OR AUDITORY PRCESSING	
92508	DISORDER; GROUP, TWO OR MORE	\$7.20
	NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE	7
92511	PROCEDURE)	\$34.80
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Procedure Code	Procedure Code Description	Rate
92512	NASAL FUNCTION STUDIES (EG, RHINOMANOMETRY)	\$22.91
	FACIAL NERVE FUNCTION STUDIES (EG,	
92516	ELECTRONEURONOGRAPHY)	\$13.20
92520	LARYNGEAL FUNCTION STUDIES	\$28.48
	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL	
92526	FUNCTION FOR FEEDING	\$21.47
	SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND	
92541	FIXATION NYSTAGMUS, WITH RECORDING	\$23.74
	POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS,	
92542	WITH RECORDING	\$20.43
	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL,	
	BITHERMAL STIMULATION CONSTITUTES FOUR TESTS), WITH	
92543	RECORD	\$22.80
	OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL	
92544	OR PERIPHERAL STIMULATION, WITH RECORDING	\$9.60
92545	OSCILLATING TRACKING TEST, WITH RECORDING	\$10.80
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	\$17.75
	USE OF VERTICAL ELECTRODES IN ANY OR ALL OF ABOVE	
92547	TESTS COUNTS AS ONE ADDITIONAL TEST	\$7.20
92548	COMPUTERIZED DYNAMIC POSTUROGRAPHY	\$52.43
92551	SCREENING TEST, PURE TONE, AIR ONLY	\$8.00
92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	\$9.49
92553	PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE	\$12.00
92555	SPEECH AUDIOMETRY THRESHOLD;	\$8.05
	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH	
92556	RECOGNITION	\$12.00
	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION	
92557	AND SPEECH RECOGNITION (92553 AND 92556 COMBINED)	\$12.00
92560	BEKESY AUDIOMETRY; SCREENING	\$8.00
92561	BEKESY AUDIOMETRY; DIAGNOSTIC	\$12.00
	LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR	
92562	MONAURAL	\$6.00
92563	TONE DECAY TEST	\$4.80
92564	SHORT INCREMENT SENSITIVITY INDEX (SISI)	\$4.80
92565	STENGER TEST, PURE TONE	\$4.80
92566	IMPEDANCE TESTING	\$11.94
92567	TYMPANOMETRY (IMPEDANCE TESTING)	\$11.56
92568	ACOUSTIC REFLEX TESTING	\$8.05
92569	ACOUSTIC REFLEX DECAY TEST	\$8.88
92571	FILTERED SPEECH TEST	\$8.26
92572	STAGGERED SPONDAIC WORD TEST	\$8.00
92575	SENSORINEURAL ACUITY LEVEL TEST	\$8.00
92576	SYNTHETIC SENTENCE IDENTIFICATION TEST	\$9.70
92577 92579	STENGER TEST, SPEECH VISUAL REINFORCEMENT AUDIOMETRY (VRA)	\$12.00
	CONDITIONING PLAY AUDIOMETRY	\$15.69
92582	SELECT PICTURE AUDIOMETRY	\$12.00
92583	ELECTROCOCHLEOGRAPHY	\$12.00
92584	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE	\$12.00
	AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS	
92585	SYSTEM	¢94 00
32000	STOTEW	\$84.00

Procedure Code	Procedure Code Description	Rate
	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE	
	AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS;	
92586	LIMITED	\$40.45
	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE	
	STIMULUS LEVEL, EITHER TRANSIENT OR DISTORTION	
92587	PRODUCTS)	\$33.23
	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR	
	DIAGNOSTIC EVALUATION(COMPARISON OF TRANSIENT AND	
92588	DISTORTION	\$45.82
	ELECTROACOUSTIC EVALUATION FOR HEARING AID;	
92595	BINAURAL	\$7.20
	DIAGNOSTIC ANYALYSIS OF COCHLEAR IMPLANT, PATIENT	
92601	UNDER 7 YEARS OF AGE; WITH PROGRAMMING	\$73.48
	DIACNOSTIC ANVALVSIS OF COOLII FAR IMPLANT RATIFAIT	
00600	DIAGNOSTIC ANYALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; SUBSEQUENT PROGRAMMING	ΦE4 00
92602	,	\$51.60
00600	DIAGNOSTIC ANYALYSIS OF COCHLEAR IMPLANT, 7 YEARS OR OLDER, WITH PROGRAMMING	Φ40 E4
92603	DIAGNOSTIC ANYALYSIS OF COCHLEAR IMPLANT, 7 YEARS	\$49.54
92604	OR OLDER; SUBSEQUENT PROGRAMMING	\$33.85
92004	EVALUATION FOR PRESCRIPTION OF SPEECH-GENERATING-	
	AUGMENTATIVE AND ALTERNATIVE COMMUNICATION	
92607	DEVICE, FIRST HOU	\$61.30
92007	EVALUATION FOR PRESCRIPTION OF SPEECH-GENERATING-	φ01.30
	AUGMENTATIVE AND ALTERNATIVE COMMUNICATION, EACH	
92608	ADDITIONAL	\$12.18
92000	THERAPEUTIC SERVICES FOR THE USE OF SPEECH-	φ12.10
	GENERATING DEVICE, INCLUDING PROGRAMMING AND	
92609	MODIFICATION	\$33.23
32003	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING	ψυυ.Ζυ
92610	FUNCTION	\$23.74
32010	MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING	Ψ20.74
92611	FUNCTION BY CINE OR VIDEO RECORDING	\$25.80
32011	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF	Ψ25.00
92612	SWALLOWING BY CINE OR VIDEO RECORDING	\$97.01
02012	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION,	ψυ1.01
	LARYNGEAL SENSORY TESTING BY CINE OR VIDEO	
92614	RECORDING	\$74.92
	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF	Ψυ_
	SWALLOWING AND LARYNGEAL SENSORY BY CINE OR VIDEO	
92616	RECORDING	\$102.58
5_5.5	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH	ψ.σ2.σσ
92620	REPORT; INITIAL 60 MINUTES	\$24.77
	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH	+
92621	REPORT; EACH ADDITIONAL 15 MINUTES	\$6.40
	ASSESSMENT OF TINNITUS (INCLUDES PITCH, LOUDNESS	
92625	MATCHING, AND MASKING)	\$24.36
	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST	
92626	HOUR	\$12.59
	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH	
92627	ADDITIONAL 15 MINUTES	\$12.59

Procedure Code	Procedure Code Description	Rate
	DIAGNOSTIC ANALYSIS WITH PROGRAMMING OF AUDITORY	
92640	BRAINSTEM IMPLANT, PER HOUR	\$29.10
	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR	
92700	PROCEDURE	\$0.00
	CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC	
92950	ARREST)	\$129.60
92953	TEMPORARY TRANSCUTANEOUS PACING	\$49.33
	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF	
92960	ARRHYTHMIA, EXTERNAL	\$60.00
	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF	
92961	ARRHYTHMIA; INTERNAL	\$133.13
	MAGNETOENCEPHALOGRAPHY, RECORDING AND ANALYSIS;	
92965	FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY	\$0.00
	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST;	
92970	INTERNAL	\$154.80
	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST;	
92971	EXTERNAL	\$62.33
	PERCUTANEOUS TRANSLUMINAL CORONARY	
	THROMBECTOMY (LIST SEPARATELY IN ADDITION TO CODE	
92973	FOR PRIMARY PROCEDURE)	\$99.48
	TRANSCATHETER PLACEMENT OF RADIATION DELIVERY	
	DEVICE FOR SUBSEQUENT CORONARY INTRAVASCULAR	
92974	BRACHYTHERAPY	\$112.28
	THROMBOLYSIS, CORONARY; BY INTRACORONARY	
92975	INFUSION, INCLUDING SELECTIVE CORONARY ANGIOGRAPHY	\$279.60
92977	THROMBOLYSIS, CORONARY; BY INTRAVENOUS INFUSION	\$36.00
00070	INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR	4.500
92978	GRAFT) DURING DIAGNOSTIC	\$156.24
	INTRASVASCULAR ULTRASOUND DURING THERAPEUTIC	
00070	INTERVENTION INCLUDING IMAGING SUPERVISION; EACH	# 00.00
92979	ADDITIONAL VESSE	\$96.39
	TRANSCATHETER PLACEMENT OF AN INTRACORONARY	
92980	STEN(S), PERCUTANEOUS, WITH OR WITHOUT OTHER	¢c70.40
9 2 900	THERAPEUTIC INTERVENO TRANSCATHETER PLACEMENT OF AN INTRACORONARY	\$670.18
92981	STENT(S), PERCUTANEOUS; EACH ADDITIONAL VESSEL	ድ ጋበር ርር
3 2 301	PERCUTANEOUS TRANSLUMINAL CORONARY BALLOON	\$208.88
92982	ANGIOPLASTY; SINGLE VESSEL	¢570 14
32302	PERCUTANEOUS TRANSLUMINAL CORONARY BALLOON	\$572.14
92984	ANGIOPLASTY; EACH ADDITIONAL VESSEL	¢165.74
32304	ANGIOFLASTT, EACH ADDITIONAL VESSEL	\$165.74
92986	PERCUTANEOUS BALLOON VALVULOPLASTY; AORTIC VALVE	\$702.17
32300	TENOSTANLOGO BALLOGN VALVOLOT LAGIT, AONTIO VALVE	ψ/ ∪∠. 1 /
92987	PERCUTANIOUS BALLOON VALVULOPLASTY; MITRAL VALVE	\$697.63
32301	PERCUTANEOUS BALLOON VALVULOPLASTY; MITRAL VALVE	ου. / ευφ
92990	VALVE	\$21.60
32330	ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVENOUS	ψ21.00
	METHOD, BALLOON (EG, RASHKING TYPE) (INCLUDES	
92992	CARDIAC CATHETER	\$504.00
32332	UNITUIAU UNTITETEN	φυυ4.00

Procedure Code	Procedure Code Description	Rate
92993	ATRIAL SEPTECTOMY OR SEPTOSTOMY; BLADE METHOD	\$504.00
	PERCUTANEOUS TRANSLUMINAL CORONARY	
	ATHERECTOMY, BY MECHANICAL OR OTHER METHOD, WITH	
92995	OR WITHOUT BALLOON ANGIOPL	\$592.78
	PERCUTANEOUS TRANSLUMINAL CORONARY	
	ATHERECTOMY, WITH OR WITHOUT BALLOON ANGIOPLASTY;	
92996	EACH ADDITIONAL VESSEL	\$169.45
	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY	
92997	BALOON ANGIOPLASTY; SINGLE VESSEL	\$545.31
	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY	·
92998	BALLOON ANGIOPLASTY; EACH ADDITIONAL VESSEL	\$211.35
	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12	
93000	LEADS; WITH INTERPRETATION AND REPORT	\$16.31
	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12	* * * * * * * * * * * * * * * * * * *
	LEADS; TRACING ONLY, WITHOUT INTERPRETATION AND	
93005	REPORT	\$9.49
	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12	
93010	LEADS; INTERPRETATION AND REPORT ONLY	\$7.02
	TELEPHONIC OR TELEMETRIC TRANSMISSION OF	ψ=
93012	ELECTROCARDIOGRAM RHYTHM STRIP;	\$12.36
	TELEPHONIC OR TELEMETRIC TRANSMISSION OF	ψ.=.σσ
	ELECTROCARDIOGRAM RHYTHM STRIP; PHYSICIAN REVIEW	
93014	WITH INTERPRETATION	\$20.02
00011	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR	Ψ20.02
	SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE;	
93015	CONTINUOUS ELECTROCARDIO	\$48.00
00010	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR	ψ10.00
	SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE; PHYSICIAN	
93016	SUPERVISION ONL	\$17.96
00010	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR	ψ17.00
	SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE: TRACING	
93017	ONLY, WITHOUT IN	\$48.00
30017	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR	ψ+0.00
	SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE;	
93018	INTERPRETATION AND REPOR	\$26.63
93024	ERGONOVINE PROVOCATION TEST	\$45.60
00021	MICROVOLT T-WAVE ALTERNANS FOR ASSESSMENT OF	φ10.00
93025	VENTRICULAR ARRHYTHMIAS	\$150.26
00020	RHYTHM ECG, ONE TO THREE LEADS; WITH	ψ100.20
93040	INTERPRETATION AND REPORT	\$6.00
000.0	RHYTHM ECG, ONE TO THREE LEADS; TRACING ONLY	φο.σσ
93041	WITHOUT INTERPRETATION AND REPORT	\$3.10
00011	RHYTHM ECG, ONE TO THREE LEADS; INTERPRETATION AND	φο.το
93042	REPORT ONLY	\$4.80
500 IL	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY	ψ-1.00
	CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND	
93224	STORAGE, WITH V	\$102.79
JULL4	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY	ψ102.73
	CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND	
93225	STORAGE, WITH V	\$26.42
30223	OTOTOTAL, WITH V	ψ ∠ υ.+∠

ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH V ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE. WITH V WEARABLE MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC RECORDING, CONCURRENT COMPUTERIZED ELECTROCARDIOGRAPHIC RECORDING, CONCURRENT COMPUTERIZED ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT	Procedure Code	Procedure Code Description	Rate
### STORAGE, WITH V ### STORAGE, WITH VITH ### ELECTROCARDIOGRAPHIC RECORDING, CONCURRENT COMPUTERIZED ### CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT ### STORAGE WITH		ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY	
ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH V \$30.00 WEARABLE MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC RECORDING, CONCURRENT COMPUTERIZED ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT \$113.11 ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT \$10.00 STORAGE WITHOUT \$1.00 ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT \$46.03 ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT \$46.03 ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT \$28.80 ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING AND NON-CONTINUOUS RECORDIN \$48.00 ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING AND NON-CONTINUOUS RECORDIN \$36.00 ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING AND NON-CONTINUOUS RECORDIN \$36.00 ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING AND NON-CONTINUOUS RECORDIN \$36.00 ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING AND NON-CONTINUOUS RECORDING WITH PRESYMPTOM OR POSTSYMPTOM MEMORY LOOP, PS 30 DAY PERIOD; PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP, PER 30 DAY PERIOD; MONITORING WITH PRESYMPTOM MEMORY LOOP, PER 30 DAY PERIOD; MONITORING PATIENT DEMAND SINGLE MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP, PER 30 DAY PERIOD; MONITORING PATIENT DEMAND SINGLE MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP, PER 30 DAY PERIOD; MONITORING PATIENT DEMAND SINGLE MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP, PER 30 DAY PERIOD; SO.000 PATIENT DEMAND SINGLE MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LO		CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND	
CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND \$30.00 WEARABLE MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC RECORDING, CONCURRENT COMPUTERIZED ELECTROCARDIOGRAPHIC MECORDING, CONCURRENT COMPUTERIZED ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING AND NON-CONTINUOUS RECORDIN ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING AND NON-CONTINUOUS RECORDIN ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING AND NON-CONTINUOUS RECORDIN ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING AND NON-CONTINUOUS RECORDIN ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING AND NON-CONTINUOUS RECORDIN ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING AND NON-CONTINUOUS RECORDIN PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM OR POSTSYMPTOM MEMORY LOOP, PRASS DAY PERIOD; MONITORING MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP, PER 30 DAY PERIOD; MONITORING SECORDING SE	93226	STORAGE, WITH V	\$48.00
STORAGE, WITH V \$30.00		ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY	
WEARABLE MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC RECORDING, CONCURRENT COMPUTERIZED BLECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT \$113.11 ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT \$0.00 BLECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT \$0.00 ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT \$46.03 ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT \$28.80 ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING AND NON-CONTINUOUS COMPUTERIZED MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING AND NON-CONTINUOUS COMPUTERIZED MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING FOR 25 HOURS BY CONTINUOUS COMPUTERIZED FOR 25 HOURS BY CO		CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND	
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### STATES			
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93270 RECORDING PATIENT DEMAND SINGLE/MULTIPLE EVENT RECORDING W/PRE- SYMPTOM MEMORY LOOP, PER 30 DAY PERIOD; MONITORING PATIENT DEMAND SINGLE/MULTIPLE EVENT RECORDING, W/PRE- SYMPTOM MEMORY LOOP; PHYSICIAN REVIEW & INTERPRETATION SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG), WITH OR WITHOUT ECG PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE			
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93271 MONITORING \$50.98 PATIENT DEMAND SINGLE/MULTIPLE EVENT RECORDING, W/PRE- SYMPTOM MEMORY LOOP; PHYSICIAN REVIEW & INTERPRETATION \$20.02 SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG), WITH OR WITHOUT ECG \$48.92 PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE \$32.82 PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE			
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W/PRE- SYMPTOM MEMORY LOOP; PHYSICIAN REVIEW & INTERPRETATION \$20.02 SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG), WITH OR WITHOUT ECG \$48.92 PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE \$32.82 PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE			
93272 INTERPRETATION \$20.02 SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG), WITH 93278 OR WITHOUT ECG \$48.92 PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE \$32.82 PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE		· · · · · · · · · · · · · · · · · · ·	
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PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE 93279 FUNCTION OF THE \$32.82 PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE		SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG), WITH	·
ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE 93279 FUNCTION OF THE \$32.82 PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE	93278	OR WITHOUT ECG	\$48.92
93279 FUNCTION OF THE \$32.82 PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE		PROGRAMMING DEVICE EVALUATION WITH ITERATIVE	
PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE		ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE	
ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE	93279	FUNCTION OF THE	\$32.82
		PROGRAMMING DEVICE EVALUATION WITH ITERATIVE	
93280 FUNCTION OF THE \$37.77		ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE	
	93280	FUNCTION OF THE	\$37.77

Procedure Code	Procedure Code Description	Rate
	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE	
	ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE	
93281	FUNCTION OF THE	\$44.17
	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE	
	ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE	
93282	FUNCTION OF THE	\$41.07
	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE	
	ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE	
93283	FUNCTION OF THE	\$49.74
	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE	
	ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE	
93284	FUNCTION OF THE	\$58.20
	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE	
	ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE	
93285	FUNCTION OF THE	\$27.66
	PERI-PROCEDURAL DEVICE EVALUATION AND	
	PROGRAMMING OF DEVICE SYSTEM PARAMETERS BEFORE	
93286	OR AFTER A	\$15.69
	PERI-PROCEDURAL DEVICE EVALUATION AND	
	PROGRAMMING OF DEVICE SYSTEM PARAMETERS BEFORE	
93287	OR AFTER A	\$20.64
	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH	
	PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES	
93288	CONNECTION	\$24.77
	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH	
	PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES	
93289	CONNECTION	\$37.98
	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH	
	PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES	
93290	CONNECTION	\$18.37
	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH	
	PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES	
93291	CONNECTION	\$23.74
	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH	
	PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES	
93292	CONNECTION	\$21.47
	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER	
00000	EVALUATION(S) SINGLE, DUAL OR MULTIPLE LEAD	400 0 =
93293	PACEMAKER SYSTEM, INCLUDES	\$36.95
	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90	
00004	DAYS; SINGLE, DUAL , OR MULTIPLE LEAD PACEMAKER	404.0 =
93294	SYSTEM	\$21.05
	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90	
00005	DAYS; SINGLE, DUAL , OR MULTIPLE LEAD PACEMAKER	407.00
93295	SYSTEM INTERPOCATION DEVICE EVALUATION(S) (DEMOTE), UR TO 00	\$37.98
	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90	
00000	DAYS; SINGLE, DUAL , OR MULTIPLE LEAD PACEMAKER	Φ00.05
93296	SYSTEM INTERPOCATION DEVICE EVALUATION(S) (DEMOTE), UR TO 20	\$20.85
	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 30	
00007	DAYS; IMPLANTABLE CARDIOVASCULAR MONITOR SYSYTEM,	ф44.0 <u>г</u>
93297	INCLUD	\$14.65

Procedure Code	Procedure Code Description	Rate
	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP T0 30	
	DAYS; IMPLANTABLE CARDIOVASCULAR MONITOR SYSYTEM,	
93298	INCLUD	\$16.92
	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL	
93303	CARDIAC ANOMALIES; COMPLETE	\$130.86
	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL	
93304	CARDIAC ANOMALIES; FOLLOW-UP OR LIMITED STUDY	\$71.62
	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH	
	IMAGE DOCUMENTATION (2D), INCLUDES M-MODE	
93306	RECORDING, WHEN	\$153.15
	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH	
	IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	
93307	RECORDING;	\$48.00
	ECHOCARDIOGRAPHY, REAL-TIME WITH IMAGE	
	DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	
93308	RECORDING; FOLLOW-UP OR LIMIT	\$48.00
	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH	
	IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE	
93312	RECORDING	\$48.00
	ECHOCARDIOGRAPHY, REAL TIME WITH IMAGE	
	DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE	
93313	RECORDING), TRANSESOPHAGEAL;	\$35.29
	ECHOCARDIOGRAPHY, REAL TIME WITH IMAGE	
	DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE	
93314	RECORDING), TRANSESOPHAGEAL;	\$48.00
	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR	
	CONGENITAL CARDIAC ANOMALIES; INCLUDING PROBE	
93315	PLACEMENT, IMAGE	\$168.84
	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR	
	CONGENITAL ANOMALIES; PLACEMENT OF	
93316	TRANSESOPHAGEAL PROBE ONLY	\$34.68
	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR	
	CONGENITAL CARDIAC ANOMALIES; IMAGE ACQUISITION,	
93317	INTERPRETATION AN	\$133.95
	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR	
	MONITORING PURPOSES, INCLUDING PROBE PLACEMENT,	
93318	REAL TIME 2-DIMENS	\$0.00
	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR	
	CONTINUOUS WAVE WITH SPECTRAL DISPLAY (LIST	
93320	SEPARATELY	\$48.00
	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR	
	CONTINUOUS WAVE WITH SPECTRAL DISPLAY, WITH OR	
93321	WITHOUT COLOR FLOW	\$28.80
	DOPPLER COLOR FLOW VELOCITY MAPPING (LIST	
	SEPARATELY IN ADDITION TO CODE FOR	
93325	ECHOCARDIOGRAPHY 76825, 76826, 76	\$48.00
	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH	
	IMAGE DOCUMENTATION (2D, WITH OR WITHOUT M-MODE	
93350	RECORDING),	\$120.00

Procedure Code	Procedure Code Description	Rate
	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH	
	IMAGE DOCUMENTATION (2D), INCLUDES M-MODE	
93351	RECORDING, WHEN	\$158.52
	USE OF ECHOCARDIOGRAPHIC CONTRAST AGENT DURING	
93352	STRESS ECHOCARDIOGRAPHY	\$22.08
93501	RIGHT HEART CATHETERIZATION	\$210.00
	INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER	
93503	(EG, SWAN-GANZ) FOR MONITORING PURPOSES	\$140.00
93505	ENDOMYOCARDIAL BIOPSY	\$208.05
	CATHETER PLACEMENT IN CORONARY ARTERY(S), ARTERIAL	
	CORONARY CONDUIT(S), AND/OR VENOUS CORONARY	
93508	BYPASS GRAFT(S)	\$410.12
	LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE	
	BRACHIAL ARTERY, AXILLARY ARTERY OR FEMORAL ARTERY;	
93510	PERCUTANE	\$235.20
	LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE	
	BRACHIAL ARTERY, AXILLARY ARTERY OR FEMORAL ARTERY;	
93511	BY CUTDOW	\$235.20
	LEFT HEART CATHETERIZATION BY LEFT VENTRICULAR	<u> </u>
93514	PUNCTURE	\$235.20
	COMBINED TRANSSEPTAL AND RETROGRADE LEFT HEART	<u> </u>
93524	CATHETERIZATION	\$235.20
	COMBINED RIGHT HEART CATHETERIZATION AND	
93526	RETROGRADE LEFT HEART CATHETERIZATION	\$348.00
	COMBINED RIGHT HEART CATHETERIZATION AND	+ + + + + + + + + + + + + + + + + + +
	TRANSSEPTAL LEFT HEART CATHETERIZATION THROUGH	
93527	INTACT SEPTUM (WITH OR	\$348.00
	COMBINED RIGHT HEART CATHETERIZATION WITH LEFT	, , , , , , , , , , , , , , , , , , ,
	VENTRICULAR PUNCTURE (WITH OR WITHOUT RETROGRADE	
93528	LEFT HEART CAT	\$348.00
	COMBINED RIGHT HEART CATHETERIZATION AND LEFT	, , , , , , , , , , , , , , , , , , ,
	HEART CATHETERIZATION THROUGH EXISTING SEPTAL	
93529	OPENING (WITH OR W	\$348.00
	RIGHT HEART CATHETERIZATION, FOR CONGENITAL	,
93530	CARDIAC ANOMALIES	\$526.11
	COMBINED RIGHT HEART CATHETERIZATION AND	, -
	RETROGRADE LEFT HEART CATHETERIZATION, FOR	
93531	CONGENITAL CARDIAC ANOMAL	\$1,313.94
	COMBINED RIGHT HEART CATHETERIZATION AND	+ ,
	TRANSSEPTAL LEFT HEART CATHETERIZATION THROUGH	
93532	INTACT SEPTUM WITH	\$1,357.91
	RIGHT AND LEFT HEART CATHETERIZATION, CONGENITAL,	+ -,00.101
	WITH OR WITHOUT RETROGRADE LEFT HEART	
93533	CATHETERIZATION	\$1,197.12
	INJECTION PROCEDURE DURING CARDIAC	Ψ.,
	CATHETERIZATION; FOR SELECTIVE OPACIFICATION OF	
93539	ARTERIAL CONDUITS, WHETHER	\$51.81
30003	INJECTION PROCEDURE DURING CARDIAC	ψυτιστ
	CATHETERIZATION; FOR SELECTIVE OPACIFICATION OF	
93540	AORTOCORONARY VENOUS BYPASS	\$51.81
30040	AUTHOUGHONAITI VENUUS BII AUS	φυτ.στ

Procedure Code	Procedure Code Description	Rate
	INJECTION PROCEDURE DURING CARDIAC	
93541	CATHETERIZATION; FOR PULMONARY ANGIOGRAPHY	\$50.40
	INJECTION PROCEDURE DURING CARDIAC	
	CATHETERIZATION; FOR SELECTIVE RIGHT VENTRICULAR OR	
93542	RIGHT ATRIAL ANGIOGRAPH	\$50.40
	INJECTION PROCEDURE DURING CARDIAC	
	CATHETERIZATION; FOR SELECTIVE LEFT VENTRICULAR OR	
93543	LEFT ATRIAL ANGIOGRAPHY	\$39.22
00544	INJECTION PROCEDURE DURING CARDIAC	400.00
93544	CATHETERIZATION; FOR AORTOGRAPHY	\$38.60
	INJECTION PROCEDURE DURING CARDIAC	
00545	CATHETERIZATION; FOR SELECTIVE CORONARY	450.40
93545	ANGIOGRAPHY (INJECTION OF RADIOPAQU	\$50.40
	IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR	
00555	INJECTION PROCEDURE(S) DURING CARDIAC	4.50.77
93555	CATHETERIZATION;	\$153.77
	IMAGING SUPERVISION,PULMONARY ANGIOGRAPHY,	
00550	AORTOGRAPHY, AND/OR SELECTIVE CORONARY	Φ000 00
93556	ANGIOGRAPHY INCLUDING	\$233.23
	INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL	
93561	DILUTION, INCLUDING ARTERIAL AND/OR VENOUS	ΦΕΟ 40
93361	CATHETERIZATION; INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL	\$50.40
93562	DILUTION, INCLUDING ARTERIAL AND/OR VENOUS CATHETERIZATION;	
93302	INTRAVASCULAR DOOPLER VELOCITY AND/OR PRESSURE	\$25.20
	DERIVED CORONARY FLOW RESERVE MEASUREMENT	
93571	DURING CORONARY ANGIO	\$152.74
90071	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE	ψ132.74
	DERIVED CORONARY FLOW RESERVE MEASUREMENT	
93572	DURING CORONARY ANGIO	\$94.94
30072	PERCUTANEOUS TRANSCATHETER CLOSURE OF	ψ94.94
93580	CONGENITAL INTERIAL COMMUNICATION WITH IMPLANT	\$546.55
30300	CONCENTAL INTERIAL COMMONICATION WITH INITERIAL	ψυ-τυ.υυ
	PERCUTANEOUS TRANSCATHETER CLOSURE OF	
93581	CONGENITALVENTRICULAR SEPTAL DEFECT WITH IMPLANT	\$730.86
	OTHER IMMOBILIZATION, PRESSURE, AND ATTENTION TO	ψ, σσ.σσ
9359	WOUND	\$0.00
93600	BUNDLE OF HIS RECORDING	\$120.00
93602	INTRA-ATRIAL RECORDING	\$90.00
93603	RIGHT VENTRICULAR RECORDING	\$120.00
	INTRAVENTRICULAR AND/OR INTRA-ATRIAL MAPPING OF	Ŧ · = 0.00
	TACHYCARDIA SITE(S) WITH CATHETER MANIPULATION TO	
93609	RECORD FROM	\$240.00
93610	INTRA-ATRIAL PACING	\$120.00
93612	INTRAVENTRICULAR PACING	\$120.00
-	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL	+
93613	MAPPING	\$211.35
	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH	,
93615	OR WITHOUT VENTRICULAR ELECTROGRAM(S);	\$35.09
	(S),	450.00

Procedure Code	Procedure Code Description	Rate
	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH	
	OR WITHOUT VENTRICULAR ELECTROGRAM(S); WITH	
93616	PACING	\$68.32
93618	INDUCTION OF ARRHYTHMIA BY ELECTRICAL PACING	\$240.00
	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH	
	RIGHT ATRIAL PACING AND RECORDING, RIGHT	
93619	VENTRICULAR PACING	\$551.71
	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH	
	RIGHT ATRIAL PACING AND RECORDING, RIGHT	
93620	VENTRICULAR PACING A	\$480.00
	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH	
	RIGHT ATRIAL PACING AND RECORDING, RIGHT	
93621	VENTRICULAR PACING A	\$819.54
	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH	
	RIGHT ATRIAL PACING AND RECORDING, RIGHT	
93622	VENTRICULAR PACING A	\$814.77
	PROGRAMMED STIMULATION AND PACING AFTER	
	INTRAVENOUS DRUG INFUSION (USE THIS CODE WITH 93620,	
93623	93621, 93622)	\$166.17
	ELECTROPHYSIOLOGIC FOLLOW-UP STUDY WITH PACING	
93624	AND RECORDING TO TEST EFFECTIVENESS OF THERAPY	\$195.05
93631	INTRA-OPERATIVE CARDIAC PACING AND MAPPING	\$428.69
	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL	
93640	CHAMBER PACING	\$312.00
	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-	·
	DEFIBRI- LATOR LEADSW/TESTING OF CARDIOVERTER-	
93641	DEFIBRILLATOR	\$429.72
	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL	
93642	CHAMBER PACING	\$414.04
	INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC	
	FOCUS OR TRACT(S), INCLUDING INTRACARDIAC MAPPING,	
93650	WITH OR WI	\$744.41
	INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC	
	FOCUS;FOR TREATMENT OF SUPRAVENTRICULAR	
93651	TACHYCARDIA BY	\$733.96
	INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC	
93652	FOCUS;FOR TEATMENT OF VENTRICULAR TACHYCARDIA	\$764.09
	EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT	
	TABLE EVALUATION, WITH CONTINUOUS ECG MONITORING	
93660	AND INTERMIT	\$99.81
	INTRACARDIAC ECHOCARDIOGRAPHY DURNING	
	THERAPEUTIC/ DIAGNOSTIC INTERVENTION, INCLUDONG	
93662	IMAGING SUPERVISION AND	\$169.04
93701	BIOIMPEDANCE, THORACIC, ELECTRICAL	\$20.02
	PLETHYSMOGRAPHY, TOTAL BODY; WITH INTERPRETATION	
93720	AND REPORT	\$25.80
	PLETHYSMOGRAPHY, TOTAL BODY; TRACING ONLY,	•
93721	WITHOUT INTERPRETATION AND REPORT	\$10.80
	PLETHYSMOGRAPHY, TOTAL BODY; INTERPRETATION AND	
93722	REPORT ONLY	\$10.53

Procedure Code	Procedure Code Description	Rate
	ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER	
93724	SYSTEM	\$249.12
93740	TEMPERATURE GRADIENT STUDIES	\$13.21
93770	DETERMINATION OF VENOUS PRESSURE	\$9.60
	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A	
	SYSTEM SUCH AS MAGNETIC TAPE AND/OR COMPUTER DISK,	
93784	FOR 24 HO	\$39.60
	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A	
	SYSTEM SUCH AS MAGNETIC TAPE AND/OR COMPUTER DISK,	
93788	FOR 24 HO	\$24.80
	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A	
	SYSTEM SUCH AS MAGNETIC TAPE AND/OR COMPUTER DISK,	
93790	FOR 24 HO	\$28.80
	PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC	
	REHABILITATION; WITHOUT CONTINUOUS ECG MONITORING	
93797	(PER SESSION)	\$10.53
	PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC	
	REHABILITATION; WITH CONTINUOUS ECG MONITORING (PER	
93798	SESSION)	\$15.07
93799	UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE	\$0.00
	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE	
	ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE	
93824	FUNCTION OF THE	\$58.20
	NONINVASIVE PHYSIOLOGIC STUDIES OF EXTRACRANIAL	
	ARTERIES, BILATERAL, (EG, PERIORBITAL FLOW DIRECTION	
93875	WITH ARTE	\$40.87
	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE	
93880	BILATERAL STUDY	\$50.40
	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; FOLLOW-UP OR	.
93882	LIMITED STUDY	\$50.40
	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL	*
93886	ARTERIES; COMPLETE STUDY	\$111.04
	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL	400.00
93888	ARTERIES; FOLLOW-UP OR LIMITED STUDY	\$99.69
00000	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL	# 101 00
93890	ARTERIES; VASOREACTIVITY STUDY	\$131.06
	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL	
00000	ARTERIES; EMBOLI DETECTION WITHOUT INTRAVENOOUS	4.00 50
93892	MICROBUBBLE	\$139.53
	TRANSCRANIAL DODDLED STUDY OF THE INTRACRANIAL	
02000	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL	¢100.04
93893	ARTERIES; EMBOLI DETECTION WITH INTRAVENOUS MICRO NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER LOWER	\$136.84
02000		07.4 E
93922	EXTREMITY ARTERIES, SINGLE LEVEL, BILATERAL	\$37.15
02000	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER	Ф77 40
93923	EXTRIMITY ARTERIES, SINGLE LEVEL, BILATERAL	\$77.40
	NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY	
02004	ARTERIES, AT REST AND FOLLOWING TREADMILL STRESS	ቀ76 07
93924	TEST	\$76.37

Procedure Code	Procedure Code Description	Rate
	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR	40400
93925	ARTERIAL BYPASS GRAFTS; COMPLETE BILATERAL STUDY	\$94.80
	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR	
93926	ARTERIAL BYPASS GRAFTS; FOLLOW-UP OR LIMITED STUDY	\$68.73
93920	ANTENIAL BIFASS GRAFTS, FOLLOW-OF OR LIMITED STODY	φ00.73
	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR	
93930	ARTERIAL BYPASS GRAFTS; COMPLETE BILATERAL STUDY	\$95.36
	,	·
	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR	
93931	ARTERIAL BYPASS GRAFTS; FOLLOW-UP OR LIMITED STUDY	\$85.24
	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS,	
	BILATERAL, (EG, CONTINUOUS DOPPLER STUDIES WITH	
93965	EVALUATIO	\$42.11
	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES	
	TO COMPRESSION AND OTHER MANEUVERS; COMPLETE	
93970	BILATERAL STUD	\$48.00
	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES	
00074	TO COMPRESSION AND OTHER MANEUVERS; FOLLOW-UP OR	# 40.00
93971	LIMITED ST	\$48.00
	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW	
00075	OF ABDOMINAL, PELVIC, SCROTAL CONTENTS AND/OR	# 400.40
93975	RETROPERITON DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW	\$133.13
	OF ABDOMINAL, PELVIC, AND/OR RETROPERITONEAL	
93976	ORGANS; FOLLOW-	\$104.85
93976	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC	φ104.65
93978	VASCULATURE, OR BYPASS GRAFTS; COMPLETE STUDY	\$101.96
33370	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC	ψ101.90
	VASCULATURE, OR BYPASS GRAFTS; FOLLOW-UP OR	
93979	LIMITED STUDY	\$88.96
00070	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW	φου.σσ
93980	OF PENILE VESSELS; COMPLETE STUDY	\$145.10
	, · · · · · · · · · · · · · · · · ·	+ 3
	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW	
93981	OF PENILE VESSELS; FOLLOW-UP OR LIMITED STUDY	\$104.44
	NONINVASIVE PHYSIOLOGIC STUDY OF IMPLANTED	
	WIRELESS PRESSURE SENSOR IN ANEURYSMAL SAC	
93982	FOLLOWING ENDOVASCULAR	\$22.91
	DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING	
	ARTERIAL INFLOW, BODY OF ACCESS AND VENOUS	
93990	OUTFLOW)	\$64.19
	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF	
	PRESSURE OR VOLUME PRESET VENTILATORS FOR	.
94002	ASSISTED OR CONTROL	\$50.98
	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF	
0.4000	PRESSURE OR VOLUME PRESET VENTILATORS FOR	***
94003	ASSISTED OR CONTROL	\$36.33

Procedure Code	Procedure Code Description	Rate
	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF	
	PRESSURE OR VOLUME PRESET VENTILATORS FOR	
94004	ASSISTED OR CONTROL	\$26.42
	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND	
	TIMED VITAL CAPACITY, EXPIRATORY FLOW RATE	
94010	MEASUREMENT(S), AND	\$18.00
	PATIENT INITIATED SPIROMETRIC RECORDING PER 30 DAY	
	PERIOD OF TIME; PHYSICIAN REVIEW AND INTERPRETATION	
94016	ONLY	\$14.65
	BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 94010,	
	BEFORE AND AFTER BRONCHODILATOR (AEROSOL OR	
94060	PARENTERAL) OR EX	\$25.20
	PROLONGED POSTEXPOSURE EVALUATION OF	
	BRONCHOSPASM WITH MULTIPLE SPIROMETRIC	
94070	DETERMINATIONS AFTER ANTIGEN, COLD	\$26.40
94150	VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE)	\$6.00
	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY	
94200	VENTILATION	\$6.00
	FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME:	
	HELIUM METHOD, NITROGEN OPEN CIRCUIT METHOD, OR	
94240	OTHER METHOD	\$19.20
	EXPIRED GAS COLLECTION, QUANTITATIVE, SINGLE	
94250	PROCEDURE (SEPARATE PROCEDURE)	\$9.60
94260	THORACIC GAS VOLUME	\$14.40
	DETERMINATION OF MALDISTRIBUTION OF INSPIRED GAS:	
	MULTIPLE BREATH NITROGEN WASHOUT CURVE INCLUDING	
94350	ALVEOLAR NI	\$16.80
	DETERMINATION OF RESISTANCE TO AIRFLOW,	
94360	OSCILLATORY OR PLETHYSMOGRAPHIC METHODS	\$19.20
	DETERMINATION OF AIRWAY CLOSING VOLUME, SINGLE	
94370	BREATH TESTS	\$8.40
94375	RESPIRATORY FLOW VOLUME LOOP	\$18.00
94400	BREATHING RESPONSE TO CO2 (CO2 RESPONSE CURVE)	\$18.00
	BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE	
94450	CURVE)	\$21.88
	HIGH ALTITUDE SIMULATION TEST (HAST), WITH PHYSICIAN	
94452	INTERPRETATION AND REPORT;	\$28.28
	HIGH ALTITUDE SIMULATION TEST (HAST), WITH PHYSICIAN	
	INTERPRETATION AND REPORT; WITH SUPPLEMENTAL	
94453	OXYGEN	\$40.25
	INTRAPULMONARY SURFACTANT ADMINISTRATION BY A	
94610	PHYSICIAN THROUGH ENDOTRACHEAL TUBE	\$36.53
94620	PULMONARY STRESS TESTING, SIMPLE OR COMPLEX	\$33.60
	PULMONARY STRESS TESTING; COMPLEX INCLUDING	
	MEASUREMENTS OF CO2 PRODUCTION, O2 UPTAKE AND	
94621	ELECTROCARDIOGRAPHIC	\$76.37
	NONPRESSURIZED INHALATION TREATMENT FOR ACUTE	
94640	AIRWAY OBSTRUCTION	\$6.00
	AEROSOL INHALATION OF PENTAMIDINE FOR	
	PNEUMOCYSTIS CARINII PNEUMONIA TREATMENT OR	
94642	PROPHYLAXIS	\$4.83

Procedure Code	Procedure Code Description	Rate
	COTINUOUS INHALATION TREATMENT WITH AEROSOL	
	MEDICATION FOR ACUTE AIRWAY OBSTRUCTION; FIRST	
94644	HOUR	\$19.40
	COTINUOUS INHALATION TREATMENT WITH AEROSOL	
	MEDICATION FOR ACUTE AIRWAY OBSTRUCTION; EACH	
94645	ADDITIONAL HOUR	\$7.43
	CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION	
94660	(CPAP), INITIATION AND MANAGEMENT	\$32.20
	CONTINUOUS NEGATIVE PRESSURE VENTILATION (CNP),	
94662	INITIATION AND MANAGEMENT	\$18.00
	AEROSOL OR VAPOR INHALATIONS FOR SPUTUM	
	MOBILIZATION, BRONCHODILATION, OR SPUTUM INDUCTION	*
94664	FOR DIAGNOSTIC PURP	\$10.80
	MANIPULATION CHEST WALL, SUCH AS CUPPING,	
0.4007	PERCUSSING, AND VIBRATION TO FACILITATE LUNG	4.0.50
94667	FUNCTION; INITIAL DEMON	\$12.59
	MANIPULATION CHEST WALL, SUCH AS CUPPING,	
0.4000	PERCUSSING, AND VIBRATION TO FACILITATE LUNG	Φ7.40
94668	FUNCTION; SUBSEQUENT	\$7.43
0.4000	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST AND	604.45
94680	EXERCISE, DIRECT, SIMPLE OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; INCLUDING CO2	\$24.15
04604	,	Φ44 1 7
94681	OUTPUT, PERCENTAGE OXYGEN EXTRACTED OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST, INDIRECT	\$44.17
94690	(SEPARATE PROCEDURE)	¢0.40
94720	CARBON MONOXIDE DIFFUSING CAPACITY, ANY METHOD	\$8.40 \$18.00
94725	MEMBRANE DIFFUSION CAPACITY	\$28.80
94750	PULMONARY COMPLIANCE STUDY, ANY METHOD	\$18.00
34730	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN	Ψ10.00
94760	SATURATION; SINGLE DETERMINATION	\$7.20
04700	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN	Ψ7.20
	SATURATION; MULTIPLE DETERMINATIONS (EG, DURING	
94761	EXERCISE)	\$13.20
00.	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN	ψ.σ.=σ
	SATURATION; BY CONTINUOUS OVERNIGHT MONITORING	
94762	(SEPARATE PROCEDUR	\$14.40
	CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY	
94770	INFRARED ANALYZER	\$14.04
	CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC	
	PNEUMOGRAM), 12 TO 24 HOUR CONTINUOUS RECORDING,	
94772	INFANT	\$300.00
94799	UNLISTED PULMONARY SERVICE OR PROCEDURE	\$0.00
	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH	
	ALLERGENIC EXTRACTS, IMMEDIATE TYPE REACTION,	
95004	SPECIFY NUMBE	\$0.96
	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK)	
	SEQUENTIAL AND INCREMENTAL, WITH DRUGS,	
95010	BIOLOGICALS OR VENOMS, I	\$0.96
95012	NITRIC OXIDE EXPIRED GAS DETERMINATION	\$10.11

Procedure Code	Procedure Code Description	Rate
	INTRACUTANEOUS (INTRADERMAL) TESTS, SEQUENTIAL AND	
	INCREMENTAL, WITH DRUGS, BIOLOGICALS, OR VENOMS,	
95015	IMMEDIATE	\$0.96
	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC	
	EXTRACTS, IMMEDIATE TYPE REACTION, SPECIFY NUMBER	
95024	OF TESTS	\$0.96
95027	SKIN END POINT TITRATION	\$0.96
	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC	
	EXTRACTS, DELAYED TYPE REACTION, INCLUDING READING,	
95028	SPECIFY	\$0.96
	PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF	
95044	TESTS)	\$0.64
95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER OF TESTS)	\$0.68
95056	PHOTO TESTS	\$1.20
95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	\$2.40
	INHALATION BRONCHIAL CHALLENGE TESTING (NOT	
	INCLUDING NECESSARY PULMONARY FUNCTION TESTS);	
95070	WITH HISTAMINE, MET	\$24.00
	INHALATION BRONCHIAL CHALLENGE TESTING (NOT	
	INCLUDING NECESSARY PULMONARY FUNCTION TESTS);	
95071	WITH ANTIGENS OR GA	\$26.40
	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY	
	NOT INCLUDING PROVISION OF ALLERGENIC EXTRACTS;	
95115	SINGLE INJECT	\$8.40
	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY	
	NOT INCLUDING PROVISION OF ALLERGENIC EXTRACTS;	
95117	TWO OR MORE	\$8.40
	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY	
	IN PRESCRIBING PHYSICIAN'S OFFICE OR INSTITUTION,	
95120	INCLUDING P	\$16.00
	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY	
	IN PRESCRIBING PHYSICIAN'S OFFICE OR	
95125	INSTITUTION;TWO OR	\$24.00
	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY	
	IN PRESCRIBING PHYSICIAN'S OFFICE OR INSTITUTION,	
95130	INCLUDING P	\$16.00
	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY	
	IN PRESCRIBING PHYSICIAN'S OFFICE OR INSTITUTION,	
95131	INCLUDING P	\$16.28
	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY	
	IN PRESCRIBING PHYSICIAN'S OFFICE OR INSTITUTION,	
95132	INCLUDING P	\$17.88
	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY	
	IN PRESCRIBING PHYSICIAN'S OFFICE OR INSTITUTION,	.
95133	INCLUDING P	\$20.57
	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY	
05:5:	IN PRESCRIBING PHYSICIAN'S OFFICE OR INSTITUTION,	***
95134	INCLUDING P	\$23.26
	PROFESSIONAL SERVICES FOR THE SUPERVISION AND	
05111	PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY,	
95144	SINGLE OR MULT	\$16.00

Procedure Code	Procedure Code Description	Rate
	PROFESSIONAL SERVICES FOR THE SUPERVISION AND	
	PROVISION OF ANTIGENS FOR ALLERGEN	
95145	IMMUNOTHERAPY;SINGLE	\$19.28
	PROFESSIONAL SERVICES FOR THE SUPERVISION AND	
	PROVISION OF ANTIGENS FOR ALLERGEN	
95146	IMMUNOTHERAPY;TWO	\$16.00
	PROFESSIONAL SERVICES FOR THE SUPERVISION AND	
	PROVISION OF ANTIGENS FOR ALLERGEN	
95147	IMMUNOTHERAPY;THREE	\$24.00
	PROFESSIONAL SERVICES FOR THE SUPERVISION AND	
	PROVISION OF ANTIGENS FOR ALLERGEN	
95148	IMMUNOTHERAPY;FOUR	\$22.68
	PROFESSIONAL SERVICES FOR THE SUPERVISION AND	
	PROVISION OF ANTIGENS FOR ALLERGEN	
95149	IMMUNOTHERAPY;FIVE	\$24.00
	PROFESSIONAL SERVICES FOR THE SUPERVISION AND	
	PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY;	
95165	SINGLE OR MULT	\$24.00
	RAPID DESENSITIZATION PROCEDURE, EACH HOUR (EG,	<u> </u>
95180	INSULIN, PENICILLIN, HORSE SERUM)	\$24.00
	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SERVICE OR	* =
95199	PROCEDURE	\$0.00
	GLUCOSE MONITORING FOR UP TO 72 HOURS BY	φοισσ
	CONTINUOUS RECORDING AND STORAGE OF GLUCOSE	
95250	VALUES FROM INTERSTITIAL	\$29.93
		Ψ=0.00
	AMBULATORY CONTINOUS GLUCOSE MONITORING OF	
95251	INTERSTITIAL TISSUE FLUID VIA A SUBCUTANEOUS SENSOR	\$15.07
	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF	V 10101
	WAKEFULNESS TESTING, RECORDING, ANALYHSIS AND	
95805	INTERPRETATION OF PHYS	\$62.40
	SLEEP STUDY, SIMULTANEOUS RECORDING OF	Ψ=1.10
	VENTILATION, RESPIRATORY EFFORT, ACG OR HEART RATE,	
95806	AND OXYGEN SATURAT	\$181.01
30000	SLEEP STUDY, SIMULTANEOUS RECORDING OF	ψ.σ.ισι
	VENTILATION, RESPIRATORY EFFORT, ECG OR HEART RATE,	
95807	AND OXYGEN SATURATO	\$183.90
	7.1.12 57.1.5.2.1 57.11 51.11 15	ψ.00.00
	POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3 ADDITIONAL	
95808	PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	\$205.99
	POLYSOMNOGRAPHY;SLEEP STAGING WITH4 OR MORE	Ψ200.00
	ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A	
95810	TECHNOLOGIST	\$205.99
00010	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE	Ψ200.00
	ADDITIONAL PARAMETERS OF SLEEP WITH INITIATION OF	
95811	CONT	\$282.56
00011	ELECTROENCEPHALOGRAM EXTENDED MONITORING; UP TO	Ψ202.00
95812	ONE HOUR	\$63.57
30012	ELECTROENCEPHALOGRAM EXTENDED MONITORING;	φυσ.σ/
95813	GREATER THAN ONE HOUR	\$76.00
30010	GREATER THAN ONE HOUR	\$76.99

Procedure Code	Procedure Code Description	Rate
	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING	
95816	AWAKE AND DROWSY (INCLUDING	\$55.20
	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING	
95819	AWAKE AND ASLEEP (INCLUDING	\$42.00
95822	ELECTROENCEPHALOGRAM (EEG); SLEEP ONLY	\$42.00
	ELECTROENCEPHALOGRAM (EEG); CEREBRAL DEATH	
95824	EVALUATION ONLY	\$37.77
95827	ELECTROENCEPHALOGRAM (EEG); ALL NIGHT SLEEP ONLY	\$42.00
	ELECTROCORTICOGRAM AT SURGERY (SEPARATE	
95829	PROCEDURE)	\$58.80
	INSERTION BY PHYSICIAN OF SPHENOIDAL ELECTRODES	
95830	FOR ELECTROENCEPHALOGRAPHIC (EEG) RECORDING	\$32.40
	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH	
95831	REPORT; EXTREMITY (EXCLUDING	\$8.40
	·	
	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE); HAND	
95832	(WITH OR WITHOUT COMPARISON WITH NORMAL SIDE)	\$9.60
	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE); TOTAL	·
95833	EVALUATION OF BODY, EXCLUDING HANDS	\$18.99
	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE); TOTAL	·
95834	EVALUATION OF BODY, INCLUDING HANDS	\$26.83
	RANGE OF MOTION MEASUREMENTS AND REPORT	·
	(SEPARATE PROCEDURE); EACH EXTREMITY (EXCLUDING	
95851	` HAND) OR EACH TRUNK SE	\$6.00
	RANGE OF MOTION MEASUREMENTS AND REPORT	*
	(SEPARATE PROCEDURE); HAND, WITH OR WITHOUT	
95852	COMPARISON WITH NORMAL SID	\$7.22
95857	TENSILON TEST FOR MYASTHENIA GRAVIS;	\$20.40
	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITIES WITH OR	·
95860	WITHOUT RELATED PARASPINAL AREAS	\$36.00
	NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR	·
95861	WITHOUT RELATED PARASPINAL AREAS	\$42.00
	NEEDLE ELECTROMYOGRAPHY, THREE EXTREMITIES WITH	·
95863	OR WITHOUT RELATED PARASPINAL AREAS	\$42.00
	NEEDLE ELECTROMYOGRAPHY, FOUR EXTREMITIES WITH	-
95864	OR WITHOUT RELATED PARASPINAL AREAS	\$42.00
95865	NEEDLE ELECTROMYOGRAPHY; LARYNX	\$64.60
95866	NEEDLE ELECTROMYOGRAPHY; HEMIDIAPHRAGM	\$43.55
	ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES;	-
95867	UNILATERAL	\$39.01
	ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES;	•
95868	BILATERAL	\$42.00
	ELECTROMYOGRAPHY, LIMITED STUDY OF SPECIFIC	
95869	MUSCLES (EG, THORACIC SPINAL MUSCLES)	\$28.00
	NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES	-
95870	IN ONE EXTREMITY OR NON-LIMB	\$19.61
	NEDLE ELECTROMYOGRAPHY USING SINGLE FIBER	•
	ELECTRODE, WITH QUANTITATIVE MEASUREMENT OF	
95872	JITTER, BLOCKING AND/	\$58.41
	·	· · · · · · · · · · · · · · · · · · ·

Procedure Code	Procedure Code Description	Rate
	ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION	
95873	WITH CHEMODENERVATION	\$15.89
	NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN	
95874	CONJUNCTION WITH CHEMODENERVATION	\$16.10
	ISCHEMIC LIMB EXERCISE WITH EMG, WITH LACTIC ACID	
95875	DETERMINATION	\$42.52
	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY	
95900	STUDY, EACH NERVE; MOTOR,	\$22.50
	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY	
	STUDY, EACH NERVE, ANY/ALL SITES; MOTOR, WITH F-WAVE	
95903	STUDY	\$25.59
	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY	
95904	STUDY, EACH NERVE; SENSORY OR	\$19.20
95920	INTRAOPERATIVE NEUROPHYSIOLOGY TESTING, PER HOUR	\$104.44
	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION;	
	CARDIOVAGAL INNERVATION (PARASYMPATHETIC	
95921	FUNCTION); INCLUDING TW	\$24.36
	TESTING OF AUTONOMIC NERVOUS SYSTEM FUCTION;	
	VASOMOTOR ADRENERGIC INNERVATION, INCLUDING BEAT-	
95922	TO-BEAT BLOOD	\$25.59
	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION;	
	SUDOMOTOR INCLUDING ONE OR MORE OF THE	
95923	FOLLOWING:	\$24.36
	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL	
	STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR	
95925	SKIN SITES,	\$68.32
	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL	
	STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES; IN	
95926	LOWER LIMB	\$44.79
	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL	
	STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES; IN	
95927	THE TRUNK OR	\$44.79
	CENTRAL MOTOR EVOKED POTENTIAL STUDY	
95928	(TRANSCRANIAL MOTOR STIMULATION); UPPER LIMBS	\$95.15
	CENTRAL MOTOR EVOKED POTENTIAL STUDY	
95929	(TRANSCRANIAL MOTOR STIMULATION); LOWER LIMBS	\$99.07
	VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL	
95930	NERVOUS SYSTEM, CHECHERBOARD OR FLASH	\$25.39
	ORBICULARIS OCULI (BLINK) REFLEX, BY	
95933	ELECTRODIAGNOSTIC TESTING	\$31.20
	H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD	
95934	GASTROCNEMIUS/SOLEUS MUSCLE	\$22.70
	H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD	
95936	MUSCLE OTHER THAN GASTROCNEMIUS/SOLEUS MUSCLE	\$23.53
	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE	
	STIMULATION, PAIRED STIMULI), EACH NERVE, ANY ONE	
95937	METHOD	\$27.60

MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRAL SEIZURE FOCUS. ELECTROENCEPHALOGRAPHIC (EG. 8) MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL, TELEMETRY, \$150.00 MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY COMPUTERIZED PORTABLE 16 OR MORE CHANNEL EG.; ELECTRO PHARMACOLOGICAL ACTIVATION DURING PROLONGED MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY COMPUTERIZED FORTABLE 16 OR MORE CHANNEL EG.; ELECTRO PHARMACOLOGICAL ACTIVATION DURING PROLONGED MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY; ELECTRO DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EF, FOR EPILEPTIC SPIKE ANALYSIS) WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING ELECTROENCEPHALOGRAPHIC (EEG) MONITORING FOR HEMISPHERIC FUNCTION, INCLUDING ELECTROENCEPHALOGRAPHIC (EEG) 95958 FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION ADDOR RECORDING OF \$122.81 FUNCTIONAL CORTICAL MAPPING BY STIMULATION OF ELECTRODES ON BRAIN SURFACE, OR OF DEPTH ELECTRODES ON BRAIN SURFACE, OR OF DEPTH ELECTRODIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM \$13.42 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM \$13.42 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI COMPLEX GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI COMPLEX GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN, SPINAL CORD OR PERIPHAL CORD NOT PREMEDAL TO REPORT THAT THE PULSE GENERATOR SYSTEM COMPLEX BRAIN OR SPINAL CORD NOT PREMEDAL TO REPORT THAT THE PULSE GENERATOR SYSTEM COMPLEX CRANIAL NEIGH STUDIES GENERATOR SYSTEM COMPLEX CRANIAL NEIGH STUDIES GENERATOR SYSTEM COMPLEX CRANIAL NEIGHBORSTIMULATOR PU	Procedure Code	Procedure Code Description	Rate
95950 (EG. 8 S115.20		MONITORING FOR IDENTIFICATION AND LATERALIZATION OF	
MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL, TELEMETRY, MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY COMPUTERIZED PORTABLE 16 OR MORE CHANNEL EEG; ELECTRO SPESS PHARMACOLOGICAL ACTIVATION DURING PROLONGED MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS PHARMACOLOGICAL ACTIVATION DURING PROLONGED MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS ELECTROENCEPHALOGRAM (EEG) DURING MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL ELECTROE BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY, ELECTRO DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EF, FOR EPILEPTIC SPIKE ANALYSIS) WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING ELECTROENCEPHALOGRAPHIC (EEG) MONITORING FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF FUNCTIONAL CORTICAL MAPPING BY STIMULATION OF ELECTRODES ON BRAIN SURFACE, OR OF DEPTH ELECTRODES, TO PROVOKE MAGNETOENCEPHALOGRAPHY, RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY MAGNETOENCEPHALOGRAPHY, RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY MAGNETOENCEPHALOGRAPHY, RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY SUBSECUENTATIOR SYSTEM ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL SUBSEQUENT PROGRAMMING ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL SUBSEQUENT PROGRAMMING ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM COMPLEX CRANIAL NEUROSTIMULATIOR PULSE GENERATOR SYSTEM COMPLEX BRAIN OR SPINAL SUBSEQUENT PROGRAMMING ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM COMPLEX CRANIAL NEUROSTIMULATIOR		CEREBRAL SEIZURE FOCUS, ELECTROENCEPHALOGRAPHIC	
FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL, TELEMETRY, TELEMETRY, MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY COMPUTERIZED PORTABLE 16 OR MORE CHANNEL BY COUS BY COMPUTERIZED PORTABLE 16 OR MORE CHANNEL BY COUS BY COMPUTERIZED PORTABLE 16 OR MORE CHANNEL BY COUS BY CABLE OR CARDIO OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY; ELECTRO BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY; ELECTRO BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY; ELECTRO BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY; ELECTRO BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY; ELECTRO BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY; ELECTRO BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY; ELECTRO BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY; ELECTRO BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY; ELECTRO BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY; ELECTRO BY STIMULATION SPIKE ANALYSIS) SYSTOR BY STIMULATION AND SUBCORTICAL MAPPING BY SUBSECUENT RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY SOOD BY STIMULATION AND SUBCORTICAL MAPPING BY SUBSECUENT RECORDING BY SUBCORTICAL MARCHITED SUBCOSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN, SPINAL CORD PULSE GENERATOR SYSTEM COMPLEX CRANIAL NEUROSTIMULATION DEUROSTIMULATOR PULSE GENERATOR SYSTEM COMPLEX CRANIAL NEUROSTIMUL	95950		\$115.20
95951 TELEMETRY, \$150.00		MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE	
MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY COMPUTERIZED PORTABLE 16 OR MORE CHANNEL EEG; ELECTRO PHARMACOLOGICAL ACTIVATION DURING PROLONGED MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS PHARMACOLOGICAL ACTIVATION DURING PROLONGED MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS PS955 MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY; ELECTRO DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EF, FOR EPILEPTIC SPIKE ANALYSIS) WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING ELECTROENCEPHALOGRAPHIC (EEG) MONITORING FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF FUNCTIONAL CORTICAL MAPPING BY STIMULATION OF ELECTRODES ON BRAIN SURFACE, OR OF DEPTH ELECTRODES, TO PROVOKE MAGNETOENCEPHALOGRAPHY, RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY SO.00 MAGNETOENCEPHALOGRAPHY, RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY SO.00 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM COMPLEX CRANIAL NERVE MEDIANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN, SPINAL CORD OR PERIPHAL CORD NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN, SPINAL CORD OR PERIPHAL COMPLEX CRANIAL NERVE NEUROSTIMULATOR PULSE GENERATOR TRANSMITTER W/INTRAOPERATIVE OR SUBSEQUENT PROGRAMMING SUBSEQUENT PROGRAMMING SUBSEQUENT PROGRAMMING SUBSEQUENT PROGRAMMING ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, SOMPLEX BRAIN, SPINAL CORD OR PERIPHAL NEUROSTIMULATOR, EACH ADDITO ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, SOMPLEX CRANIAL NEUROSTIMULATOR, EACH ADDITO ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, SOMPLEX CRANIAL NEUROSTIMULATOR, EACH ADDITO ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM COMPLEX		FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL,	
FOCUS BY COMPUTERIZED PORTABLE 16 OR MORE CHANNEL EEG; ELECTRO PHARMACOLOGICAL ACTIVATION DURING PROLONGED MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS ELECTROENCEPHALOGRAM (EEG) DURING NONINTRACRANIAL SURGERY (EG, CAROTID SURGERY) MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS POCUS MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS POCUS FOCUS MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL ELEMETRY; ELECTRO DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EF, FOR EPILEPTIC SPIKE ANALYSIS) WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING ELECTROENCEPHALOGRAPHIC (EEG) MONITORING WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING ELECTROENCEPHALOGRAPHIC (EEG) MONITORING FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF FUNCTIONAL CORTICAL MAPPING BY STIMULATION OF ELECTRODES ON BRAIN SURFACE, OR OF DEPTH ELECTRODES ON BRAIN SURFACE, OR OF DEPTH ELECTRODES, TO PROVOKE MAGNETOENCEPHALOGRAPHY, RECORDING AND ANALYSIS; FOR SPONTANLEOUS BRAIN MAGNETIC ACTIVITY \$0.00 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI ULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI ULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN, SPINAL CORD OR PERIPHAL COMPLEX CRANIAL NET OR IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN, SPINAL CORD OR PERIPHAL COMPLEX CRANIAL NET OR IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN, SPINAL CORD OR PERIPHAL SUBSEQUENT PROGRAMMING \$99.75 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, SYSTEM, COMPLEX CRANIAL NEUROSTIMULATOR, EACH ADDITO ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, SYSTEM (EG, RATE, PLUSE AMPLITUDE ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PLUSE AMPLITUDE	95951	TELEMETRY,	\$150.00
### PHARMACOLOGICAL ACTIVATION DURING PROLONGED MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS ### PHARMACOLOGICAL ACTIVATION DURING PROLONGED MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS ### PHARMACOLOGICAL PROCESSION OF CEREBRAL SEIZURE FOCUS ### PHARMACOLOGICAL PROCESSION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY; ELECTRO ### PLOUSE BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY; ELECTRO ### PLOUSE BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY; ELECTRO ### PLOUSE BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY; ELECTRO ### PLOUSE GENERATOR SUBJECT FOR FOR EPILEPTIC SPIKE ANALYSIS) ### PLOUS BY CABLE OR RADIO, 16 OR MORE CHANNEL FOR PLOUSE GENERATOR SUBJECT FOR PLOUSE GENERATOR SUBJECT FOR FOR SUBJECT FOR FOR SUBJECT FOR FOR SUBJECT FOR PLOUSE GENERATOR SUBJECT FOR PLOUSE GENERATOR SUBJECT FOR PULSE GENERATOR SYSTEM ### PLUSE GENERATOR SYSTEM COMPLEX BRAIN OR SPINAL CORD NEW PULSE GENERATOR SYSTEM COMPLEX BRAIN OR SPINAL CORD NEW SUBJECT FOR PULSE GENERATOR SYSTEM COMPLEX BRAIN OR SPINAL CORD NEW SUBJECT FOR PULSE GENERATOR SYSTEM COMPLEX BRAIN OR SPINAL CORD NEW SUBJECT FOR PULSE GENERATOR SYSTEM COMPLEX BRAIN OR SPINAL CORD NEW SUBJECT FOR SUBJE		MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE	
PHARMACOLOGICAL ACTIVATION DURING PROLONGED MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS STOCKS PS955 S145.10 ELECTROENCEPHALOGRAM (EEG) DURING NONINTRACRANIAL SURGERY (EG, CAROTID SURGERY) MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY; ELECTRO DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EF, FOR EPILEPTIC SPIKE ANALYSIS) WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING ELECTROENCEPHALOGRAPHIC (EEG) MONITORING STIMULATION AND/OR RECORDING OF FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF ELECTRODES ON BRAIN SURFACE, OR OF DEPTH ELECTRODES, TO PROVOKE MAGNETOENCEPHALOGRAPHY, RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM; COMPLEX BRAIN, SPINAL CORD OR PERIPHAL COMPLEX CRANIAL NERVE NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER W/INTRAOPERATIVE OR SUBSEQUENT PROGRAMMING ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, TRANSMITTER W/INTRAOPERATIVE OR SUBSEQUENT PROGRAMMING ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, SOMPLEX CRANIAL NEUROSTIMULATOR; EACH ADDITO ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, SOMPLEX CRANIAL NEUROSTIMULATOR; EACH ADDITO ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PLUSE AMPLITUDE		FOCUS BY COMPUTERIZED PORTABLE 16 OR MORE CHANNEL	
MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS ELECTROENCEPHALOGRAM (EEG) DURING 95955 NONINTRACRANIAL SURGERY (EG, CAROTID SURGERY) MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY; ELECTRO DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EF, FOR EPILEPTIC SPIKE ANALYSIS) WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING ELECTROENCEPHALOGRAPHIC (EEG) MONITORING 95958 FUNCTIONAL CORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF FUNCTIONAL CORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF ELECTRODES ON BRAIN SURFACE, OR OF DEPTH ELECTRODES ON BRAIN SURFACE, OR OF DEPTH ELECTRODES ON BRAIN MAGNETIC ACTIVITY \$0.00 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, \$23.32 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN, SPINAL CORD OR PERIPHAL COMPLEX CRANIAL NERVE NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN, SPINAL CORD OR PERIPHAL COMPLEX CRANIAL NERVE NEUROSTIMULATOR PULSE GENERATOR TRANSMITTER WINTRAOPERATIVE OR SUBSEQUENT PROGRAMMING ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NEUROSTIMULATOR; EACH ADDITO PULSE GENERATOR, SOF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PLUSE AMPLITUDE	95953	EEG; ELECTRO	\$120.00
### State		PHARMACOLOGICAL ACTIVATION DURING PROLONGED	
BLECTROENCEPHALOGRAM (EEG) DURING NONINTRACRANIAL SURGERY (EG, CAROTID SURGERY) MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY; ELECTRO DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EF, FOR EPILEPTIC SPIKE ANALYSIS) WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING ELECTROENCEPHALOGRAPHIC (EEG) MONITORING FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF ELECTRODES ON BRAIN SURFACE, OR OF DEPTH ELECTRODES ON BRAIN SURFACE, OR OF DEPTH ELECTRODES, TO PROVOKE MAGNETOENCEPHALOGRAPHY, RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY SO.00 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN, SPINAL CORD OR PERIPHAL COMPLEX CRANIAL NERVE NEUROSTIMULATOR PULSE GENERATOR TRANSMITTER WIINTRAOPERATIVE OR SUBSEQUENT PROGRAMMING ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, TRANSMITTER WIINTRAOPERATIVE OR SUBSEQUENT PROGRAMMING ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NEUROSTIMULATOR: EACH ADDITO ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NEUROSTIMULATOR: EACH ADDITO STILL ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NEUROSTIMULATOR: EACH ADDITO STILL ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PLUSE AMPLITUDE			
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MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY, ELECTRO DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EF, FOR EPILEPTIC SPIKE ANALYSIS) WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING ELECTROENCEPHALOGRAPHIC (EEG) MONITORING 95958 FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF FUNCTIONAL CORTICAL MAPPING BY STIMULATION OF ELECTRODES ON BRAIN SURFACE, OR OF DEPTH ELECTRODES, TO PROVOKE MAGNETOENCEPHALOGRAPHY, RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY SO.00 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR, SIMPLE PULSE GENERATOR PULSE GENERATOR SYSTEM ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN, SPINAL CORD OR PERIPHAL COMPLEX CRANIAL NERVE NEUROSTIMULATOR PULSE GENERATOR TRANSMITTER WINTRAOPERATIVE OR SUBSEQUENT PROGRAMMING ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, TRANSMITTER WINTRAOPERATIVE OR SUBSEQUENT PROGRAMMING ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, TRANSMITTER WINTRAOPERATIVE OR SUBSEQUENT PROGRAMMING ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NEUROSTIMULATOR, EACH ADDITO ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NEUROSTIMULATOR, EACH ADDITO ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NEUROSTIMULATOR, EACH ADDITO ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PLUSE AMPLITUDE		` '	
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DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EF, FOR EPILEPTIC SPIKE ANALYSIS) WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING ELECTROENCEPHALOGRAPHIC (EEG) MONITORING STIMULATION AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF STIMULATION AND/OR RECORDING OF ELECTRODES ON BRAIN SURFACE, OR OF DEPTH ELECTRODICS, TO PROVOKE MAGNETOENCEPHALOGRAPHY, RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY \$0.00 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM STIMULATION AND/OR RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY \$0.00 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM \$13.42 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR, SUMPLE PULSE GENERATOR SYSTEM \$23.32 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI \$47.47 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN, SPINAL CORD OR PERIPHAL CORD NEUROSTI \$47.47 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM; COMPLEX BRAIN, SPINAL CORD OR PERIPHAL COMPLEX CRANIAL NERVE NEUROSTIMULATOR PULSE GENERATOR TRANSMITTER W/INTRAOPERATIVE OR SUBSEQUENT PROGRAMMING \$92.26 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NERVE NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NERVE NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PLUSE AMPLITUDE		MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE	
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WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING ELECTROENCEPHALOGRAPHIC (EEG) MONITORING FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF \$122.81 FUNCTIONAL CORTICAL MAPPING BY STIMULATION OF ELECTRODES ON BRAIN SURFACE, OR OF DEPTH ELECTRODES, TO PROVOKE \$127.97 MAGNETOENCEPHALOGRAPHY, RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY \$0.00 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM \$13.42 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR, SIMPLE PULSE GENERATOR \$23.32 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM COMPLEX BRAIN OR SPINAL CORD NEUROSTI \$47.47 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM; COMPLEX BRAIN, SPINAL CORD OR PERIPHAL CORD NEUROSTI \$47.47 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM; COMPLEX BRAIN, SPINAL CORD OR PERIPHAL COMPLEX CRANIAL NERVE NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER WINTRAOPERATIVE OR SUBSEQUENT PROGRAMMING \$92.26 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER WINTRAOPERATIVE OR SUBSEQUENT PROGRAMMING \$92.26 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NEUROSTIMULATOR PULSE GENERATOR, SOMPLEX CRANIAL NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PLUSE AMPLITUDE		DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EF, FOR	
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95958 MONITORING \$202.07 FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF \$122.81 FUNCTIONAL CORTICAL MAPPING BY STIMULATION OF ELECTRODES ON BRAIN SURFACE, OR OF DEPTH ELECTRODES, TO PROVOKE \$127.97 MAGNETOENCEPHALOGRAPHY, RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY \$0.00 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM \$13.42 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR, SIMPLE PULSE GENERATOR \$23.32 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM; COMPLEX BRAIN, SPINAL CORD OR PERIPHAL COMPLEX CRANIAL NERVE NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER W/INTRAOPERATIVE OR SUBSEQUENT PROGRAMMING \$92.26 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NERVE NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NEUROSTIMULATOR, COMPLEX CRANIAL NEUROSTIMULATOR, PULSE GENERATOR SYSTEM (EG, RATE, PLUSE AMPLITUDE)			
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95961 STIMULATION AND/OR RECORDING OF FUNCTIONAL CORTICAL MAPPING BY STIMULATION OF ELECTRODES ON BRAIN SURFACE, OR OF DEPTH 95962 ELECTRODES, TO PROVOKE \$127.97 MAGNETOENCEPHALOGRAPHY, RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY \$0.00 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM \$13.42 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR, SIMPLE PULSE GENERATOR PULSE GENERATOR PULSE GENERATOR PULSE GENERATOR ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM; COMPLEX BRAIN, SPINAL CORD OR PERIPHAL COMPLEX CRANIAL NERVE NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER W/INTRAOPERATIVE OR SUBSEQUENT PROGRAMMING ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NEUROSTIMULATOR; EACH ADDITO \$51.81 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NEUROSTIMULATOR; EACH ADDITO \$51.81	95958	MONITORING	\$202.07
FUNCTIONAL CORTICAL MAPPING BY STIMULATION OF ELECTRODES ON BRAIN SURFACE, OR OF DEPTH ELECTRODES, TO PROVOKE \$127.97 MAGNETOENCEPHALOGRAPHY, RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY \$0.00 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM \$13.42 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR, SIMPLE PULSE GENERATOR \$23.32 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR, PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI CORD NEUROSTI ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN, SPINAL CORD OR PERIPHAL COMPLEX CRANIAL NERVE NEUROSTIMULATOR PULSE GENERATOR/ TRANSMITTER W/INTRAOPERATIVE OR SUBSEQUENT PROGRAMMING 95974 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NEUROSTIMULATOR, EACH ADDITO ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NEUROSTIMULATOR; EACH ADDITO ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NEUROSTIMULATOR; EACH ADDITO ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PLUSE AMPLITUDE		FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY	
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MAGNETOENCEPHALOGRAPHY, RECORDING AND ANALYSIS; 95965 FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY \$0.00 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM \$13.42 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR, SIMPLE PULSE GENERATOR \$23.32 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR, PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI \$47.47 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN, SPINAL CORD OR PERIPHAL \$28.69 COMPLEX CRANIAL NERVE NEUROSTIMULATOR PULSE GENERATOR/ TRANSMITTER W/INTRAOPERATIVE OR SUBSEQUENT PROGRAMMING \$92.26 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL PULSE GENERATOR, COMPLEX CRANIAL SELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NEUROSTIMULATOR; EACH ADDITO \$51.81 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, SYSTEM (EG, RATE, PLUSE AMPLITUDE		FUNCTIONAL CORTICAL MAPPING BY STIMULATION OF	
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95965 FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY \$0.00 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM \$13.42 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR, SIMPLE PULSE GENERATOR \$23.32 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI \$47.47 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM; COMPLEX BRAIN, SPINAL CORD OR PERIPHAL \$28.69 COMPLEX CRANIAL NERVE NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER W/INTRAOPERATIVE OR 95974 SUBSEQUENT PROGRAMMING \$92.26 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL 95975 NEUROSTIMULATOR; EACH ADDITO \$51.81 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PLUSE AMPLITUDE	95962	ELECTRODES, TO PROVOKE	\$127.97
95965 FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY \$0.00 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM \$13.42 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR, SIMPLE PULSE GENERATOR \$23.32 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI \$47.47 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM; COMPLEX BRAIN, SPINAL CORD OR PERIPHAL \$28.69 COMPLEX CRANIAL NERVE NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER W/INTRAOPERATIVE OR 95974 SUBSEQUENT PROGRAMMING \$92.26 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL 95975 NEUROSTIMULATOR; EACH ADDITO \$51.81 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PLUSE AMPLITUDE			
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95970 PULSE GENERATOR SYSTEM \$13.42 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR, SIMPLE PULSE GENERATOR \$23.32 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI \$47.47 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM; COMPLEX BRAIN, SPINAL CORD OR PERIPHAL \$28.69 COMPLEX CRANIAL NERVE NEUROSTIMULATOR PULSE GENERATOR/ TRANSMITTER W/INTRAOPERATIVE OR SUBSEQUENT PROGRAMMING \$92.26 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NEUROSTIMULATOR; EACH ADDITO \$51.81 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PLUSE AMPLITUDE	95965		\$0.00
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95971 SIMPLE PULSE GENERATOR \$23.32 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI \$47.47 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM; COMPLEX BRAIN, SPINAL CORD OR PERIPHAL \$28.69 COMPLEX CRANIAL NERVE NEUROSTIMULATOR PULSE GENERATOR/ TRANSMITTER W/INTRAOPERATIVE OR SUBSEQUENT PROGRAMMING \$92.26 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL SECRETARY S	95970		\$13.42
ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM; COMPLEX BRAIN, SPINAL CORD OR PERIPHAL \$28.69 COMPLEX CRANIAL NERVE NEUROSTIMULATOR PULSE GENERATOR/ TRANSMITTER W/INTRAOPERATIVE OR SUBSEQUENT PROGRAMMING \$92.26 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NEUROSTIMULATOR; EACH ADDITO \$51.81 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PLUSE AMPLITUDE			
PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM; COMPLEX BRAIN, SPINAL CORD OR PERIPHAL COMPLEX CRANIAL NERVE NEUROSTIMULATOR PULSE GENERATOR/ TRANSMITTER W/INTRAOPERATIVE OR SUBSEQUENT PROGRAMMING ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NEUROSTIMULATOR; EACH ADDITO ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PLUSE AMPLITUDE	95971		\$23.32
95972 CORD NEUROSTI \$47.47 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM; COMPLEX BRAIN, SPINAL CORD OR PERIPHAL \$28.69 COMPLEX CRANIAL NERVE NEUROSTIMULATOR PULSE GENERATOR/ TRANSMITTER W/INTRAOPERATIVE OR 95974 SUBSEQUENT PROGRAMMING \$92.26 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NEUROSTIMULATOR; EACH ADDITO \$51.81 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PLUSE AMPLITUDE			
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PULSE GENERATOR SYSTEM; COMPLEX BRAIN, SPINAL CORD OR PERIPHAL COMPLEX CRANIAL NERVE NEUROSTIMULATOR PULSE GENERATOR/ TRANSMITTER W/INTRAOPERATIVE OR SUBSEQUENT PROGRAMMING ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NEUROSTIMULATOR; EACH ADDITO ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PLUSE AMPLITUDE	95972	CORD NEUROSTI	\$47.47
95973 OR PERIPHAL \$28.69 COMPLEX CRANIAL NERVE NEUROSTIMULATOR PULSE GENERATOR/ TRANSMITTER W/INTRAOPERATIVE OR 95974 SUBSEQUENT PROGRAMMING \$92.26 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NEUROSTIMULATOR; EACH ADDITO \$51.81 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PLUSE AMPLITUDE			
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95974 SUBSEQUENT PROGRAMMING \$92.26 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL NEUROSTIMULATOR; EACH ADDITO \$51.81 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PLUSE AMPLITUDE		COMPLEX CRANIAL NERVE NEUROSTIMULATOR PULSE	
ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR, COMPLEX CRANIAL 95975 NEUROSTIMULATOR; EACH ADDITO \$51.81 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PLUSE AMPLITUDE			
PULSE GENERATOR, COMPLEX CRANIAL 95975 NEUROSTIMULATOR; EACH ADDITO \$51.81 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PLUSE AMPLITUDE	95974		\$92.26
95975 NEUROSTIMULATOR; EACH ADDITO \$51.81 ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PLUSE AMPLITUDE		ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR	
ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PLUSE AMPLITUDE		PULSE GENERATOR, COMPLEX CRANIAL	
PULSE GENERATOR SYSTEM (EG, RATE, PLUSE AMPLITUDE	95975	NEUROSTIMULATOR; EACH ADDITO	\$51.81
· ·		ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR	
95978 AND DURAT \$102.79		PULSE GENERATOR SYSTEM (EG, RATE, PLUSE AMPLITUDE	
	95978	AND DURAT	\$102.79

Procedure Code	Procedure Code Description	Rate
	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR	
	PULSE GENERATOR SYSTEM (EG, RATE, PLUSE AMPLITUDE	
95979	AND DURAT	\$49.74
	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR	
	PULSE GENERATOR SYSTEM GASTRIC NEUROSTIMULATOR	
95980	PULSE	\$23.12
	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR	
	PULSE GENERATOR SYSTEM GASTRIC NEUROSTIMULATOR	
95981	PULSE	\$15.69
	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR	
	PULSE GENERATOR SYSTEM GASTRIC NEUROSTIMULATOR	
95982	PULSE	\$24.15
	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR	
95990	RESERVOIR FOR DRUG DELIVERY, SPINAL OR BRAIN	\$31.79
	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR	
	RESERVOIR FOR DRUG DELIVERY, SPINAL OR BRAIN;	
95991	ADMINISTERED BY	\$47.88
	CANALITH REPOSITIONING PROCEDURE(S), (EG, EPLEY	
95992	MANEUVER, SEMONT MANEUVER), PER DAY	\$53.87
	UNLISTED NEUROLOGICAL OR NEUROMUSCULAR	
95999	DIAGNOSTIC PROCEDURE	\$0.00
	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY	
96000	VIDEO TAPING AND 3-D KINEMATICS	\$48.92
	DYNAMIC SURFACE ELECTROMYOGRAPHY, DURING	
96002	WALKING OR OTHER FUNCTIONAL ACTIVITIES, 1-12 MUSCLES	\$11.97
	DYNAMIC FINE WIRE ELETROMYOGRAPHY, DURING WALKING	
96003	OR OTHER FUNCTIONAL, ACTIVITES, 1 MUSCLE	\$10.94
	NEUROFUNCATIONAL TESTING SELECTION AND	
	ADMINISTRATION DURING NONINVASIVE IMAGING	
96020	FUNCATIONAL BRAIN	\$0.01
9604	INSERTION OF ENDOTRACHEAL TUBE	\$0.00
	PSYCHOLOGICAL TESTING, PER HOUR OF THE	
	PSYCHOLOGIST'S OR PHYSICIAN'S TIME, BOTH FACE-TO-	
96101	FACE TIME WITH PATIENT	\$52.84
	PSYCHOLOGICAL TESTING WITH QUALIFIED HEALTH CARE	
00/00	PROFESSIONAL INTERPRETATION AND REPORT,	***
96102	ADMINISTERED BY TECH	\$24.15
	PSYCHOLOGICAL TESTING, ADMINISTERED BY A COMPUTER,	
00400	WITH QUALIFIED HEALTH CARE PROFESSIONAL	* • • • • •
96103	INTERPRETATION AND	\$15.27
00405	ASSESSMENT OF APHASIA WITH INTERPRETATION AND	400.00
96105	REPORT, PER HOUR	\$38.80
00110	DEVELOPMENTAL TESTING; LIMITED, WITH INTERPRETATION	Φ7.0:
96110	AND REPORT	\$7.64
00444	DEVELOPMENTAL TESTING; EXTENDED WITH	# 00.00
96111	INTERPRETATION AND REPORT, PER HOUR	\$38.80
	NEUROBEHAVIORAL STATUS EXAM, PER HOUR OF THE	
00110	PSYCHOLOGIST'S OR PHYSICIAN'S, BOTH FACE-TO-FACE	ΦΕΟ Ο 4
96116	TIME WITH THE	\$59.24

Procedure Code	Procedure Code Description	Rate
	NEUROPSYCHOLOGICAL TESTING, PER HOUR OF THE	
	PSYCHOLOGIST'S PHYSICIAN'S TIME, BOTH FACE-TO-FACE	
96118	TIME WITH THE P	\$70.80
	NEUROPSYCHOLOGICAL TESTING, WITH QUALIFIED HEALTH	
	CARE PROFESSIONAL INTERPRETATION AND REPORT,	
96119	ADMINISTERED BY	\$36.12
	NUEROPSYCHOLOGICAL TESTING, ADMINISTERED BY A	
	COMPUTER, WITH QUALIFIED HEALTH CARE PROFESSIONAL	
96120	INTERPRETATION	\$26.21
	STANDARD COGNITIVE PERFORMANCE TESTING PER HOUR	
00405	OF QUALIFIED HEALTH CARE PROFESSIONAL'S TIME, BOTH	45.4.00
96125	FACE	\$54.08
	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES	
96360	TO 1 HOUR	\$31.58
	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL	
	HOUR (LIST SEPERATELY IN ADDITION TO CODE FOR	
96361	PRIMARY PROCED	\$9.08
	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR	
	DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO	
96365	1	\$38.39
	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR	
	DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); EACH	
96366	ADDITIONAL HOUR	\$12.18
	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR	
	DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL	
96367	SEQUENTIA	\$18.78
	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR	
	DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); CONCURRENT	
96368	INFUSION	\$11.35
	CURCUITANISCUIO INISUOIONI SOR TUSRARY OR RECEUVI AVIO	
00000	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS	#05.04
96369	(SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1	\$85.24
00070	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS	Φ0.00
96370	(SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR	\$9.08
	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS	
96371	(SPECIFY SUBSTANCE OR DRUG); ADDITIONAL PUMP SET-UP	¢40.01
303/ I	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION	\$42.31
	(SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR	
96372	(SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR	¢10 E0
30372	IIVI NAIVIUOCULAN	\$12.59
	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION	
96373	(SPECIFY SUBSTANCE OR DRUG); INTRA-ARTERIAL	\$10.11
30373	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION	φιυ.ΙΙ
	(SPECIFY SUBSTANCE OR DRUG); INTRAVENOUS PUSH,	
96374	SINGLE OR IN	ቀ ንቦ ቦድ
903/4	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION	\$30.96
	(SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL	
96375	(SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL	012.01
903/3	SEQUENTIAL	\$13.21

Procedure Code	Procedure Code Description	Rate
00070	UNLISTED THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC	00.00
96379	INTRAVENOUS OR INTRA-ARTERIAL INJECTION OR INFUSION	\$0.00
00404	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR	#00.40
96401	INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC	\$36.12
96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL ANTI-NEOPLASTIC	¢10.40
90402	CHEMOTHERAPY ADMINISTRATION, INTRALESIONAL; UP TO	\$19.40
96405	AND INCLUDING 7 LESIONS	\$14.40
30403	CHEMOTHERAPY ADMINISTRATION, INTRALESIONAL; MORE	ψ14.40
96406	THAN 7 LESIONS	\$21.60
30400	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH	Ψ21.00
96409	TECHNIQUE, SINGLE OR INITIAL SUBSTANCE/DRUG	\$66.67
00.00	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH	φοσ.στ
96411	TECHNIQUE, EACH ADDITIONAL SUBSTANCE/ DRUG	\$38.60
55111	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS INFUSION	φοσίου
	TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL	
96413	SUBSTANCE/DRUG	\$94.12
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	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS INFUSION	
96415	TECHNIQUE; EACH ADDITIONAL HOUR, 1 TO 8 HOURS	\$21.26
	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS INFUSION	
	TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY	
96416	INFUSION, RE	\$101.14
	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS INFUSION	
	TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION, UP	
96417	TO 1 HOUR	\$46.03
	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH	
96420	TECHNIQUE	\$21.60
96421	REFILLING AND MAINTENANCE OF PORTABLE PUMP	\$83.39
00400	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL;	#04.00
96422	INFUSION TECHNIQUE, UP TO ONE HOUR	\$21.60
	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL;	
06400	INFUSION TECHNIQUE, ONE TO 8 HOURS, EACH ADDITIONAL	¢14.40
96423	HOUR CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL;	\$14.40
	INFUSION TECHNIQUE, INITIATION OF PROLONGED INFUSION	
96425	(MORE THAN 8	\$21.60
30723	CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY,	Ψ21.00
96440	REQUIRING AND INCLUDING THORACENTESIS	\$21.60
30440	CHEMOTHERAPY ADMINISTRATION INTO PERITONEAL	Ψ21.00
96445	CAVITY, REQUIRING AND INCLUDING PERITONEOCENTESIS	\$21.60
331.3	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG,	Ψ21.00
	INTRATHECAL), REQUIRING AND INCLUDING LUMBAR	
96450	PUNCTURE	\$21.60
96521	REFILLING AND MAINTENANCE OF PORTABLE PUMP	\$83.39
	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR	
96522	RESERVOIR FOR DRUG DELIVERY, SYSTEMIC	\$60.27
	IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR	·
96523	DRUG DELIVERY SYSTEMS	\$42.93

Procedure Code	Procedure Code Description	Rate
	CHEMOTHERAPY INJECTION, SUBARACHNOID OR	
	INTRAVENTRICULAR VIA SUBCUTANEOUS RESERVOIR,	
96542	SINGLE OR MULTIPLE AGENTS	\$21.60
96549	UNLISTED CHEMOTHERAPY PROCEDURE	\$0.00
	PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF	
	LIGHT TO DESTROY PREMALIGNANT AND/OR MALIGNANT	
96567	LESIONS OF THE	\$78.02
	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF	
96570	LIGHT; FIRST 30 MINUTES	\$43.14
	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATIUON	
	OF LIGHT TO ABLATE ABNORMAL TISSUE; EACH ADDITIONAL	
96571	15 MINUTES	\$23.53
	CONTINUOUS MECHANICAL VENTILATION FOR LESS THAN 96	
9671	CONSECUTIVE HOURS	\$0.00
96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	\$8.40
	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY, FOR	
	MONITORING OF HIGH RISK PATIENTS WITH DYSPLASTIC	
96904	NEVUS SYNDROME OR	\$38.18
	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B	
	(GOECKERMAN TREATMENT) OR PETROLATUM AND	
96910	ULTRAVIOLET B	\$9.60
	PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A	
96912	(PUVA)	\$9.60
	PHOTOCHEMOTHERAPY (GOECKERMAN AND/OR PUVA) FOR	
	SEVERE PHOTORESPONSIVE DERMATOSES REQUIRING AT	
96913	LEAST FOUR TO EI	\$32.66
	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE	
96920	(PSORIASIS); TOTAL AREA LESS THAN 250 SQ CM	\$85.04
	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE	
96921	(PSORIASIS); 250 SQ CM TO 500 SQ CM	\$87.10
	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE	
96922	(PSORIASIS); OVER 500 SQ CM	\$120.12
	UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR	
96999	PROCEDURE	\$0.00
97001	PHYSICAL THERAPY EVALUATION	\$34.26
97002	PHYSICAL THERAPY RE-EVALUATION	\$13.42
97003	OCCUPATIONAL THERAPY EVALUATION	\$34.26
97004	OCCUPATIONAL THERAPY RE-EVALUATION	\$13.42
	PHYSICAL MEDICINE TREATMENT TO ONE AREA; HOT OR	
97010	COLD PACKS	\$9.08
	PHYSICAL MEDICINE TREATMENT TO ONE AREA; TRACTION,	
97012	MECHANICAL	\$8.46
	PHYSICAL MEDICINE TREATMENT TO ONE AREA; ELECTRICAL	
97014	STIMULATION (UNATTENDED)	\$8.46
	PHYSICAL MEDICINE TREATMENT TO ONE AREA;	
97016	VASOPNEUMATIC DEVICES	\$9.91
	PHYSICAL MEDICINE TREATMENT TO ONE AREA; PARAFFIN	
97018	BATH	\$12.59
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97022	PHYSICAL MEDICINE TREATMENT TO ONE AREA; WHIRLPOOL	\$8.26

Procedure Code	Procedure Code Description	Rate
97024	PHYSICAL MEDICINE TREATMENT TO ONE AREA; DIATHERMY	\$9.90
37024	THI GIOAL MEDICINE THEATMENT TO ONE AREA, DIATTERIMI	ψ5.50
97026	PHYSICAL MEDICINE TREATMENT TO ONE AREA; INFRARED	\$10.41
	PHYSICAL MEDICINE TREATMENT TO ONE AREA;	
97028	ULTRAVIOLET	\$7.64
	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	,
97032	ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES	\$8.26
	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	
97033	IONTOPHORESIS, EACH 15 MINUTES	\$8.67
	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	
97034	CONTRAST BATHS, EACH 15 MINUTES	\$6.60
	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	
97035	ULTRASOUND, EACH 15 MINUTES	\$6.81
	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	
97036	HUBBARD TANK, EACH 15 MINUTES	\$12.59
	PHYSICAL MEDICINE TREATMENT TO ONE AREA; UNLISTED	
97039	MODALITY (SPECIFY)	\$13.86
	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15	
	MINUTES THERAPEUTIC EXERCISES TO DEVELOP STRENGTH	
97110	AND	\$15.27
	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15	
	MINUTES; NEUROMUSCULAR REEDUCATION OF MOVEMENT,	
97112	BALANCE,	\$9.91
	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15	
	MINUTES; AQUATIC THERAPY WITH THERAPEUTIC	
97113	EXERCISES	\$13.62
	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15	
97116	MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)	\$0.00
	PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30	
97124	MINUTES, EACH VISIT; MASSAGE	\$8.26
	PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30	
97139	MINUTES, EACH VISIT; UNLISTED PROCEDURE (SPECIFY)	\$16.37
	MANUAL THERAPY TECHNIQUES, MANIPULATION, MANUAL	
97140	LYMPHATIC DRAINAGE, ONE OR MORE REGIONS	\$9.29
07.50	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE	*
97150	INDIVIDUALS)	\$10.11
9744	NONOPERATIVE REMOVAL OF HEART ASSIST SYSTEM	\$0.00
07500	THERAPEUTIC ACTIVITIES, DIRECT PATIENT CONTACT BY	045.00
97530	THE PROVIDER, EACH 15 MINUTES	\$15.89
	DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE	
07500	ATTENTION, MEMORY, PROBLEM SOLVING, DIRECT PATIENT	04404
97532	CONTACT BY THE P SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE	\$14.04
	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIVE	
07500		¢15.07
97533	RESPONSES TO ENVIRONMENTAL SELF CARE/HOME MANAGEMENT TRAINING DIRECT ONE ON	\$15.27
07525	ONE CONTACT BY PROVIDER, EACH 15 MINUTES	¢10.70
97535	COMMUNITY/WORK REINTEGRATION TRAINING, DIRECT ONE	\$10.73
97537	ON ONE CONTACT BY PROVIDER, EACH 15 MINUTES	¢10.70
9/33/	ON ONE CONTACT DI FNOVIDER, EACH 13 MINUTES	\$10.73

Procedure Code	Procedure Code Description	Rate
	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH	
97542	15 MINUTES	\$9.08
97545	WORK HARDENING/CONDITIONING; INITIAL 2 HOURS	\$0.00
	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S),	
	SELECTIVE DEBRIDEMENT, WITHOUT ANESTHESIA (EG, HIGH	
97597	PRESSUR	\$26.63
	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S),	
	SELECTIVE DEBRIDEMENT, WITHOUT ANESTHESIA (EG, HIGH	
97598	PRESSUR	\$33.85
	REMOVAL OF DEVITALIZED TISSUE FROM WOUND; NON-	
	SELECTIVE DEBRIDMENT, WITHOUT ANESTHESIA INCLUDING	
97602	TOPICAL APPLI	\$0.00
	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG,	
	MUSCULOSKELETAL, FUNCTIONAL CAPACITY), WITH	
97750	WRITTEN REPORT,	\$14.86
	ORTHOTIC(S) MANAGEMENT AND TRAINING, UPPER	
	EXTREMITY(S), LOWER EXTREMITY(S) AND/OR TRUNK, EACH	
97760	15 MIN	\$16.92
	PROSTHETIC TRAINING, UPPER AND/OR LOWER	
97761	EXTREMITY(S), EACH 15 MINUTES	\$15.48
	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED	
97762	PATIENT, EACH 15 MINUTES	\$14.24
97799	UNLISTED PHYSICAL MEDICINE SERVICE OR PROCEDURE	\$0.00
	MEDICAL NUTRITION THERAPY; INTIAL ASSESMENT AND	
	INTERVENTION, INDIVIDUAL, FACE-TO-FACE, EACH 15	
97802	MINUTES	\$9.91
	MEDICAL NUTRITION THERAPY; RE-ASSESMENT AND	
	INTERVENTION, INDIVIDUAL, FACE-TO-FACE, EACH 15	
97803	MINUTES	\$9.91
	MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE	
97804	INDIVIUALS) EACH 30 MINUTES	\$3.92
	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); ONE TO	
98925	TWO BODY REGIONS INVOLVED	\$14.65
	OSTEOPATHIC MANIPULATIVE TREATMEN(OMT); THREE TO	
98926	FOUR BODY REGIONS INVOLVED	\$22.50
	OSTEOPATHIC MANIPULATIVE TREATMENT; FIVE TO SIX	
98927	BODY REGIONS INVOLVED	\$26.63
	OSTEOPATHIC MANIPULATIVE TREATMENT; SEVEN TO EIGHT	
98928	BODY REGIONS INVOLVED	\$30.96
	OSTEOPATHIC MANIPULATIVE TREATMENT; MINE TO TEN	
98929	BODY REGIONS INVOLVED	\$33.44
	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL,	
98940	ONE TO TWO REGIONS	\$15.48
	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL,	
98941	THREE TO FOUR REGIONS	\$19.61
	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL,	
98942	FIVE REGIONS	\$24.15
	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT);	
98943	EXTRASPINAL, ONE OR MORE REGIONS	\$14.45
	PERIOPERATIVE AUTOLOGOUS TRANSFUSION OF WHOLE	
9900	BLOOD OR BLOOD COMPONENTS	\$0.00

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\$34.47
\$34.47
\$38.18
\$38.18

INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE STABLISHED PATIENT, WHICH REQUIRES AT LEAST TWO SUBSERVATION/HOSPITAL CARE HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS SUBSEQUENT HOSPITAL CARE HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS SUBSEQUENT HOSPITAL CARE HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: AN EXPANDED P OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A DETAILED HI SUBJECT OF A SUBJECT OF A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENSI OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENSI INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPONENTS: A SUBJECT OF A NEW OR ESTABLISHED	Procedure Code	Procedure Code Description	Rate
99221 THREE KEY \$38.18		INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION	
INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH SEAST TWO SUBSEQUENT HOSPITAL CARE \$41.69 99234 OBSERVATION/HOSPITAL CARE \$41.69 99235 OBSERVATION/HOSPITAL CARE \$41.69 99236 OBSERVATION/HOSPITAL CARE \$41.69 HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS \$34.88 HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES OR LESS \$34.88 HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES OR LESS \$34.88 HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES OR LESS \$34.88 OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A PROBLEM FOC \$25.59 OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A DETAILED HI \$37.00 OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPRHENSI \$49.00 OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPRHENSI \$51.00 INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPRHENSI \$51.00 INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPRONENTS: A SATABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY CO		AND MANAGEMENT OF A PATIENT WHICH REQUIRES THESE	
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99222 THREE KEY		INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION	
INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THESE THESE THESE THESE THESE THESE THESE THAN SOME SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO \$17.00 \$17.		AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE	
AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO \$17.00 \$17.	99222	THREE KEY	\$44.00
99223		INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION	
SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO \$17.00 SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO \$29.72 SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO \$29.72 99233 REQUIRES AT LEAST TWO \$29.72 99234 OBSERVATION/HOSPITAL CARE \$41.69 99235 OBSERVATION/HOSPITAL CARE \$71.08 99236 OBSERVATION/HOSPITAL CARE \$71.08 99237 HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS \$34.88 HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES WINUTES \$47.47 OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A PROBLEM FOO \$25.59 OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A DETAILED HI \$37.00 OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A DETAILED HI \$37.00 OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A DETAILED HI \$37.00 OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A DETAILED HI \$37.00 OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENSI \$449.00 OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENSI \$51.00 INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENSI \$51.00 INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENSI \$51.00 INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENSI \$51.00 INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: AN \$27.86		AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE	
EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO 99233 REQUIRES AT LEAST TWO 99234 OBSERVATION/HOSPITAL CARE \$41.69 99235 OBSERVATION/HOSPITAL CARE \$71.08 99236 OBSERVATION/HOSPITAL CARE \$41.69 HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES OR LESS 99239 OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A PROBLEM FOC \$25.59 OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: AN EXPANDED P \$37.00 OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A DETAILED HI \$37.00 OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENSI \$449.00 OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENSI \$49.00 OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENSI \$51.00 INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENSI \$51.00 INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: AN \$27.86 INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: AN \$27.86 INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: AN \$42.11	99223		\$46.00
99231 REQUIRES AT LEAST TWO \$17.00		· · · · · · · · · · · · · · · · · · ·	
SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO SUBSERVATION/HOSPITAL CARE STALES SUBSERVATION/HOSPITAL CARE STALES SUBSERVATION/HOSPITAL CARE STALES SUBSERVATION/HOSPITAL CARE STALES SUBSERVATION/HOSPITAL CARE SUBSERVATION/HOSPITAL SUBSERVETON/HOSPITAL SUBSERVATION/HOSPITAL SUBSERVATION/HOSPITAL SUBSERVATION/HOSPITAL SUBSERVATI		·	
SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE	99231		\$17.00
99232 REQUIRES AT LEAST TWO \$29.72			
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99244 COMPONENTS: A COMPREHENSI OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENSI S51.00 INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A S27.86 INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: AN S42.11 INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY			
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99245 COMPONENTS: A COMPREHENSI \$51.00 INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A \$27.86 INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: AN \$42.11 INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY			
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99251 ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A \$27.86 INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: AN \$42.11 INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY	99245	COMPONENTS: A COMPREHENSI	\$51.00
99251 COMPONENTS: A \$27.86 INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: AN \$42.11 INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY			
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99252 COMPONENTS: AN \$42.11 INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY		INITIAL INPATIENT CONSULTATION FOR A NEW OR	
INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY		ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY	
INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY	99252	COMPONENTS: AN	\$42.11
·		INITIAL INPATIENT CONSULTATION FOR A NEW OR	
99253 COMPONENTS: A \$45.00		ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY	
	99253	COMPONENTS: A	\$45.00

Procedure Code	Procedure Code Description	Rate
	INITIAL INPATIENT CONSULTATION FOR A NEW OR	
	ESTABLISHED PATIENT, WHICH REQUIRES THREE KEY	
99254	COMPONENTS: A COMPRE	\$54.00
	INITIAL INPATIENT CONSULTATION FOR A NEW OR	
	ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY	
99255	COMPONENTS: A	\$55.00
	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND	
	MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE	
99281	THREE KEY COMP	\$15.48
	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND	
	MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE	
99282	THREE KEY COMP	\$17.91
	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND	
	MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE	
99283	THREE KEY COMP	\$38.00
	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND	
	MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE	
99284	THREE KEY COMP	\$59.20
	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND	
99285	MANAGEMENT OF A PATIENT,	\$92.55
	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE	
99291	CRITICALLY ILL OR CRITICALLY	\$29.72
	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE	
	CRITICALLY ILL OR CRITICALLY INJURED PATIENT,	
99292	REQUIRING THE CO	\$17.00
	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE	
	EVALUATION AND MANAGEMENT OF A PATIENT WHICH	
99304	REQUIRES THESE	\$35.91
	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE	
	EVALUATION AND MANAGEMENT OF A PATIENT WHICH	
99305	REQUIRES THESE	\$47.68
	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE	
	EVALUATION AND MANAGEMENT OF A PATIENT WHICH	
99306	REQUIRES THESE	\$58.41
	SUBSEQUENT NURSING FACILITY CARE, PER DAY FOR THE	
	EVALUATION AND MANAGEMENT OF A PATIENT, WHICH	
99307	REQUIRES	\$18.58
	SUBSEQUENT NURSING FACILITY CARE, PER DAY FOR THE	
	EVALUATION AND MANAGEMENT OF A PATIENT, WHICH	
99308	REQUIRES	\$30.75
	SUBSEQUENT NURSING FACILITY CARE, PER DAY FOR THE	-
	EVALUATION AND MANAGEMENT OF A PATIENT, WHICH	
99309	REQUIRES	\$43.34
	SUBSEQUENT NURSING FACILITY CARE, PER DAY FOR THE	•
	EVALUATION AND MANAGEMENT OF A PATIENT, WHICH	
99310	REQUIRES	\$54.28
	EVALUATION AND MANANGEMENT OF A PATIENT INVOLVING	, -
	AN ANNUAL NURSING FACILITY ASSESMENT, WHICH	
99318	REQUIRES	\$35.91
	ı	

Procedure Code	Procedure Code Description	Rate
	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION	
	AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	
99324	THESE	\$31.99
	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION	
	AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	
99325	THESE THREE	\$46.85
	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION	
	AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	
99326	THESE THREE	\$67.91
	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION	
	AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	
99327	THESE THREE	\$89.37
	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION	
	AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	
99328	THESE THREE	\$110.63
	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION	
	AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH	
99334	REQUIRES THE	\$24.77
	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION	
00005	AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH	
99335	REQUIRES THE	\$39.22
	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION	
	AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH	
99336	REQUIRES THE	\$60.48
	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION	
0000	AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH	400.00
99337	REQUIRES THE	\$88.96
	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A	
00044	NEW PATIENT, WHICH REQUIRES THESE THREE KEY	#05.04
99341	COMPONENTS: A PR	\$35.91
	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A	
00040	NEW PATIENT, WHICH REQUIRES THESE THREE KEY	Φ4 7 4 7
99342	COMPONENTS: AN E	\$47.47
	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE KEY	
99343	COMPONENTS: A DE	Φ <i>4</i> フ <i>4</i> フ
99347	HOME VISIT	\$47.47 \$28.07
99348	HOME VISIT	
99349	HOME VISIT	\$35.91 \$35.91
330 4 3	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER	φυυ.81
	OUTPATIENT SETTING REQUIRING DIRECT PATIENT	
99354	CONTACT	\$35.71
9900 1	CONTACT	φυυ./ Ι
	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER	
99355	OUTPATIENT SETTINGEACH ADDITIONAL 30 MINUTES	\$16.10
55555	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT	ψ10.10
	SETTING, REQUIRING DIRECTPATIENT CONTACT BEYOND	
99356	THE USUAL SERVIC	\$35.71
99000	PROLONGED PHYSICIAN SERVICE INPATIENT EACH	ψυυ. / Ι
99357	ADDITIONAL 30 MINUTES	\$20.64
99358	PROLONGED EVALUATION AND MANAGEMENT SERVICE	\$0.00
	THOUSINGLE EVALUATION AND MANAGEMENT SERVICE	ψυ.υυ

Procedure Code	Procedure Code Description	Rate
	PHYSICIAN STANDBY SERVICE REQUIRING PROLONGED	
99360	PHYSICIAN ATTENDANCE	\$10.32
	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY	
	INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A	
99381	COMPREHENSIVE E	\$37.00
	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY	
	INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A	
99382	COMPREHENSIVE E	\$37.00
	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY	
	INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A	
99383	COMPREHENSIVE E	\$37.00
	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY	
	INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A	
99384	COMPREHENSIVE E	\$42.00
	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY	
	INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A	
99385	COMPREHENSIVE E	\$27.24
	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY	
	INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A	
99386	COMPREHENSIVE E	\$27.24
	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY	
	INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A	
99387	COMPREHENSIVE E	\$27.24
	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY	
	INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY,	
99391	COMPREHENSIVE	\$27.00
	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY	
	INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY,	407.00
99392	COMPREHENSIVE	\$27.00
	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY	
00000	INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY,	407.00
99393	COMPREHENSIVE	\$27.00
	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY	
00004	INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY,	#07.00
99394	COMPREHENSIVE	\$27.00
	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY.	
00005	· · · · · · · · · · · · · · · · · · ·	#07.00
99395	COMPREHENSIVE PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY	\$27.00
99396	INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE	¢00.64
33330	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY	\$20.64
	INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY,	
99397	COMPREHENSIVE	¢20.64
3333 <i>1</i>	SMOKING AND TOBACCO USE CESSATION COUNSELING	\$20.64
	VISIT; INTERMEDIATE, GREATER THAN 3 MINUTES UP TO 10	
99406	MINUTES MINUTES	\$7.43
<i>33</i> 400	SMOKING AND TOBACCO USE CESSATION COUNSELING	φ1.43
99407	VISIT; INTENSIVE, GREATER THAN 10 MINUTES	\$14.24
33407	VIOLI, IIVI LINOIVE, GREATER TRAIN TO WIINUTES	φ14.24

Procedure Code	Procedure Code Description	Rate
	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY,	
	FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN	
99460	INFANT	\$31.99
	INITIAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT	
	OF NORMAL NEWBORN INFANT SEEN IN OTHER THAN	
99461	HOSPITAL OR B	\$52.43
	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR EVALUATION	
99462	AND MANAGEMENT OF NORMAL NEWBORN	\$17.13
	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY,	
	FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN	
99463	INFANT	\$42.52
	ATTENDANCE AT DELIVERY(WHEN REQUESTED BY THE	·
	DELIVERING PHYSICIAN) AND INITIAL STABILIZATION OF	
99464	NEWBORN	\$39.84
	DELIVERY/BIRTHING ROOM RESUSITATION, PROVISION OF	φοσισι
	POSITIVE PRESSURE VENTILATION AND/OR CHEST	
99465	COMPRESSIONS	\$83.18
33403	CRITICAL CARE SERVICES DELIVERED BY A PHYSICIAN, FACE-	ψ00.10
	TO-FACE, DURING AN INTERFACILITY TRANSPORT OF	
99466	CRITICALLY	¢122.20
99400		\$132.30
	CRITICAL CARE SERVICES DELIVERED BY A PHYSICIAN, FACE-	
00407	TO-FACE, DURING AN INTERFACILITY TRANSPORT OF	#05.40
99467	CRITICALLY	\$65.43
	INITIAL INDATIENT NEONATAL OBITICAL CARE REP DAY FOR	
22.422	INITIAL INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR	*
99468	THE EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL	\$492.06
	SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE, PER	
	DAY, FOR THE EVALUATION AND MANAGEMENT OF THE	
99469	CRITICALLY ILL	\$214.66
	INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR	
99471	THE EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL	\$442.93
	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER	
	DAY, FOR THE EVALUATION AND MANAGEMENT OF A	
99472	CRITICALLY ILL	\$218.37
	INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR	
99475	THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL	\$306.92
	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER	
	DAY, FOR THE EVALUATION AND MANAGEMENT OF A	
99476	CRITICALLY ILL	\$182.25
	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVAULATION	
	AND MANAGEMENT OF THE NEONATE, 28 DAYS OF AGE OR	
99477	LESS, WHO	\$191.95
	SUBSEQUENT INTENSIVE CARE, PER DAY FOR THE	
	EVALUATION AND MANAGEMENT OF THE RECOVERING VERY	
99478	LOW BIRTH WEIGHT	\$78.84
	SUBSEQUENT INTENSIVE CARE, PER DAY FOR THE	Ţ. J.J .
	EVALUATION AND MANAGEMENT OF THE RECOVERING LOW	
99479	BIRTH WEIGHT INFA	\$69.76
00 -1 70	BITTH WEIGHT IN A	ψυυ./ υ

Procedure Code	Procedure Code Description	Rate
	SUBSEQUENT INTENSIVE CARE, PER DAY FOR THE	
	EVALUATION AND MANAGEMENT OF THE RECOVERING	
99480	INFANT	\$65.84
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	\$0.00
99502	HOME VISIT FOR NEWBORN CARE AND ASSESSMENT	\$70.00
	HOME INFUSION SPECIALTY DRUG ADMINISTRATION, PER	
99601	VISIT UP TO 2 HOURS	\$0.00
9975	ADMINISTRATION OF NEUROPROTECTIVE AGENT	\$0.00
9976	EXTRACORPOREAL IMMUNOADSORPTION	\$0.00
	APPLICATION OR ADMINISTRATION OF ADHESION BARRIER	
9977	SUBSTANCE	\$0.00
9978	AQUAPHERESIS	\$0.00